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106th Congress — 2d Session • January 24–December 15, 2000

House Document

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FINANCIAL DISCLOSURE REPORTS
MEMBERS OF HOUSE OF REPRESENTATIVES
JANUARY 1–DECEMBER 31, 1999
VOLUME 1 OF 3

United States Congressional Serial Set

Serial Number 14648

United States Government Printing Office
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106th Congress, 2d Session - - - - - - - - - - - - House Document 106–269

FINANCIAL DISCLOSURE
REPORTS
OF MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES

FOR THE PERIOD BETWEEN

January 1, 1999 to December 31, 1999

COMMUNICATION FROM THE CLERK OF THE HOUSE

TRANSMITTING

THE ANNUAL COMPILATION OF PERSONAL FINANCIAL DISCLOSURE STATEMENTS AND AMENDMENTS THERETO FILED WITH THE CLERK OF THE HOUSE OF REPRESENTATIVES, PURSUANT TO RULE XXVII, CLAUSE 1, OF THE HOUSE RULES

(Volume 1 of 3)

JULY 19, 2000.—Referred to the Committee on Standards of Official Conduct and ordered to be printed

U.S. GOVERNMENT PRINTING OFFICE

65–596 WASHINGTON : 2000

LETTER OF SUBMITTAL

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, July 19, 2000.

Hon. J. DENNIS HASTERT,
The Speaker, The Capitol,
House of Representatives, Washington, DC.

DEAR MR. SPEAKER: I hereby submit the annual compilation of personal financial disclosure statements filed with the Clerk of the House of Representatives pursuant to the Ethics in Government Act of 1978, as amended, 5 U.S.C. app. § 101–111 (1994), and the House Rule XXVII.

This compilation contains the personal financial disclosure statements and amendments thereto required to be filed by Members of the House pursuant to the Act and House Rule XXVII by May 15, 2000. The compilation includes reported financial transactions which occurred between January 1, 1999 and December 31, 1999.

House Rule XXVII provides that the annual compilation of reports filed with the Clerk be printed as a House document by August 1 and contain all such reports filed by Members within the period beginning January 1 and ending June 15 of each year. This compilation is submitted accordingly.

With best wishes, I am

Sincerely,

JEFF TRANDAHL,
Clerk, House of Representatives.

Enclosures.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

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(Mailing Address)

WASHINGTON, DC 20515

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Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives — State: HI District: 01	☐ Officer or Employee	Employing Office:	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:	

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Neil Abercrombie	5-15-00

Name Neil Abercrombie | Page 1 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keena State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Hawaii	Legislative Pension	23,941

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock					X								X										X								P
DC	*Examples:* Simon & Schuster		Indefinite																	Royalties								X				
JT	*Examples:* 1st Bank of Paducah, KY accounts						X									X									X							
	Univ.HI Credit Union				X											X							X									
	Co-op Apartment - Makiki St						X								X						X (net)					X (gross)						
	Waterhouse Securities (previously noted as Charles Schwab IRA)	X																		annuity						X						S

For additional assets and unearned income, use next page.

Name Neil Abercrombie | Page 3 of 5

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependant child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type of Transaction			Date	Amount of Transaction									
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset															
SP	*Example:*	Mega Corporation Common Stock	X			10–12–99		X								
	Waterhouse Securities (previously noted as Charles Schwab IRA)			x		4-5-99		x								

This page may be copied if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Gary Galiher/Asbestos Litigation Seminar	Jan. 9	Honolulu-Maui-Honolulu	N	N	N	N
Communications Workers of America	Feb. 1	Honolulu-Lahaina-Honolulu	N	N	N	N
Maritime Trades Union	Feb. 13-16	WashDC-Miami-WashDC	Y	Y	N	N
Internat'l. Assoc. of Machinists & Aerospace Workers	May 29-30	Honolulu-SanFran-Honolulu	Y	N	N	N
Asbestos Litigation Seminar	June 4-5	Honolulu-Chicago-WashDC	Y	Y	N	N
Communications Workers of America	July 11-12	Honolulu-Miami	Y	N	N	N
Internat'l. Longshoremen's Assoc.	July 12	Miami - WashDC	Y	N	N	N
I.B.E.W.	July 23	Honolulu-Maui-Honolulu	N	N	N	N
Operative Plasterers' & Cement Masons	Aug. 1-2	WashDC-Las Vegas-WashDC	Y	N	N	N
Sheet Metal Workers' Internat'l	Aug. 8-9	WashDC-Las Vegas	Y	N	N	N
American Sugar Alliance	Aug. 9-10	Las Vegas-SanFran	Y	Y	Y	N
Internat'l Union of Bricklayers	Sept. 18	WashDC-SanFran	Y	N	N	N
Operating Engineers Local #3	Sept. 19	SanFran-WashDC	N	N	N	N
Maritime Trades Union	Oct. 8	WashDC-LA-Honolulu	Y	N	N	N

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

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	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	University of Hawaii Institute of Marine Biology	Nov. 28	Honolulu-Maui-Honolulu	N	N	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

GARY L. ACKERMAN
(Full Name)

2243 RAYBURN
(Mailing Address)

WASHINGTON DC 20515

Daytime Telephone: 202-225-2601

Filer Status	☐ Member of the U.S. House of Representatives — State: ____ District: ____	☐ Officer or Employee	Employing Office:
Report Type	☐ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Gary L. Ackerman	5/15/00

MAY. 12. 2000 12:45PM NO. 7723 P. 2/2

7

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Pride of Judea Mental Health Center/Jewish Board of Family and Children's Services	Spouse compensation	NA
	Spouse private practice	Spouse compensation	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$ 500
	The Connell Company, Westfield, NJ	Speech	12/27/99	$2,000.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
	SP 123 Main St., Dover, Del	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	Fidelity Magellan	$1,001 - $15,000	Capital Gains and Dividends	$1,001 - $2,500	
	News Communications, Inc., Common Stock	$250,001 - $500,000	Capital Gains	None	P
	IRA--Family Management Corp.	$50,001 - $100,000	NA	NA	
	IRA--Nationwide	$15,001 - $50,000	NA	NA	
SP	IRA--Nationwide	$15,001 - $50,000	NA	NA	
	FM Multi-Strategy Inv. Limited Partnership	$100,001 - $250,000	Cap Gains, Dividends, Interest	NA	
	Melrose Credit Union	$1,001 - $15,000	Interest	$201 - $1,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	ACB Publications (1/3 interest)	$15,001 - $50,000	Capital Gains	None	
	Multi-Media Advertising, Inc./Flushing Tribune, Inc.	$15,001 - $50,000	(See agreements)	None	
	Citibank (various)	$1 - $1,000	Interest	$1 - $200	
	Collagenesis, Inc., stock	$15,001 - $50,000	Capital Gains	None	
	Pershing/Alliance Cash	$1,001 - $15,000	Interest	$1 - $200	
	Congressional Federal Credit Union	$1,001 - $15,000	Interest	None	
	Oppenheimer Main Street Income and Growth C	$1,001 - $15,000	Dividends, Interest	$1 - $200	
	Seligman Frontier Fund, Inc., Class D	$1,001 - $15,000	Cap Gains, Dividends, Interest	None	
	Cisco Systems Common Stock	$1,001 - $15,000	Capital Gains	None	P
	Diamonds Trust Unit Series I	$15,001 - $50,000	Capital Gains	$201 - $1,000	P
	SPDR Tr. Unit Series I	$15,001 - $50,000	Capital Gains	$201 - $1,000	P
	The Internet Fund	$1,001 - $15,000	Capital Gains	None	P
	Kemper Govt Securities Trust Unit	$1 - $1,000	Capital Gains	$1 - $200	
	GNMA Gld Mortgage Pass-Through	None	Interest	$201 - $1,000	S

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	News Communications, Inc., Common Stock	Purchase	2/16/99	$100,001 - $250,000
	Cisco Systems Common Stock	Purchase	9/17/99	$1,001 - $15,000
	Diamond Trust Unit Series 1	Purchase	1/11/99; 1/13/99	$15,001 - $50,000
	SPDR Tr Unit Series 1	Purchase	Various	$15,001 - $50,000
	The Internet Fund	Purchase	9/16/99	$1,001 - $15,000
	GNMA Gtd Mtg Pass-Through	Sold	9/21/99	$15,001 - $50,000

Name Gary L. Ackerman | Page 7 of 10

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Milberg, Weiss, Bershad, Hynes & Lerach, LLP, Pension Plan	Loan secured by stock	$100,001 - $250,000
	Citibank	Checking Plus (paid off)	$10,001 - $15,000
	Various credit cards	Revolving credit (paid off)	$10,001 - $15,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Excluds: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Confederation of Indian Industry	Feb. 12-21, 1999	Washington, DC-New Delhi-New York	Y	Y	N	No
Jewish Community Relations Council, New York	August 22-31, 1999	New York-Tel Aviv-New York	Y	Y	N	No
Federation of Indian Chambers of Commerce and Industry	Nov. 10-18, 1999	Washington, DC-New Delhi, Bombay, Calcutta (India)-New York	Y	Y	N	No
Marlan's Cotton Industries, SA, Benin	Dec. 2-9, 1999	New York-Cotonou, Benin-New York	Y	Y	N	No

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calender year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Director	News Communications, Inc.

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
5/15/89	Tribco/Queens Tribune/Multi-Media/ Michael Schenkler	Gary L. Ackerman to continue to receive proportionate share of the assets, including the accounts receivable, of the Flushing Tribune, Inc., and Multi-Media, Inc., until all assets are paid.

LEGISLATIVE RESOURCE CENTER

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U.S. HOUSE OF REPRESENTATIVES

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

ROBERT BROWN ADERHOLT
(Full Name)

POST OFFICE BOX 323
(Mailing Address)

(202) 225-4876
Daytime Telephone

HALEYVILLE, AL 35565-0323

Filer Status	[X] Member of the U.S. House of Representatives	State: Alabama District: 4th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Robert B. Aderholt	5/15/2000

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
NAILFAST, INC.	SALARY	$5,200

For payments to charity in lieu of honoraria, use Schedule II.

Name ROBERT BROWN ADERHOLT | Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
XYZ Magazine	Article	Aug. 13, 1999	$500
N/A			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Transaction (P, S, E)
SP	Mega Corp. Stock					X								X										X								P
DC	Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
	1910 Graham St. RENTAL HOUSE-Montgomery,AL					X									X											X						
	60 ACRES LAND-Hogglerdige Haleyville,AL				X															Coal Royalties	X											
	COMMERCIAL BLDG-Hwy 5 South Haleyville,AL							X							X												X					
	IRA-Traders&Farmers Bank			X												X					N/A											
	IRA-NY Life Securities,Inc.					X								X							N/A											
	IRA-New York Life Insurance			X												X					N/A											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT BROWN ADERHOLT

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Beaver Dam Farm, Inc.			X																Farm Income						X						P
SP	65.86 Acres Land-Greenbrier Farms						X								X		X			Farm Income						X						S
SP	30 Acres Land(1/16 Int)-Huntsville				X												X											X				S
	Congressional Fed Cred Un		X													X						X										
SP	Congressional Fed Cred Un		X													X						X										
	Community Bank		X													X						X										
JT	Community Bank			X												X							X									
	Traders & Farmers Bank			X												X							X									
DC	Traders & Farmers Bank		X													X						X										
JT	Common Stock-Allied Signal				X									X										X								
	Common Stock-Glaxo Wellcome			X										X									X									
	Common Stock-Telefonos DeMexico		X											X								X										
	Common Stock-Prime Cash Series			X										X								X										
	Common Stock-Alliance Cap.			X										X								X										
	Common Stock-H&Q Hlthcare		X											X								X										
	Common Stock-US China Industrial Exc	X															X									X						S
	Common Stock-Ivax Corp.			X										X							X											
	Common Stock-VLSI Tech,Inc.			X										X							X											
JT	Common Stock-Navistar Int.			X										X							X											

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SCHEDULE IV — TRANSACTIONS

Name ROBERT BROWN ADERHOLT

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependant child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
SP	Land Sale, Haleyville, Alabama		X		06-09-99			X							
	U.S. China Industrial Exchange Common Stock		X		11-17-99	X									
SP	Beaver Dam Farm, Inc.	X			01-01-99	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Julious Brown Estate	Mortgage on 2nd Home Montgomery,AL(not principal residence)			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Claveland	Y	Y	Y	4 Days
The Aspen Institute	Mar 19-21	Wash.,D.C.-Hershey,PA-Wash.,D.C.	Y	N	Y	N
Alabama Farmers Federation	July 16	Wash.,D.C.-Huntsville,AL-* Wash.,D.C.	Y	N	Y	N
Southern Peanut Farmers Federation	July 25-26	Wash.,D.C.-Panama City,FL-Wash.,D.C.	Y	Y	Y	N
American-Egyptian Cooperation Foundation	Dec 02-09	Atlanta,GA-Cairo Egypt-Atlanta,GA	Y	Y	N	N

* Sponsor did not cover return transportation.

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Employee	NAILFAST, INC.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	

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Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

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(Office Use Only)

ROBERT BROWN ADERHOLT
(Full Name)

POST OFFICE BOX 323
(Mailing Address)

(202) 225-4876
Daytime Telephone

HALEYVILLE, AL 35565-0323

Filer Status	[X] Member of the U.S. House of Representatives	State: Alabama District: 4th	[ ] Officer or Employee	Employing Office:	A *$200 penalty* shall be assessed against anyone who files more than 30 days late.
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date:	

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Robert B. Aderholt	6-8-2000

Name ROBERT BROWN ADERHOLT | Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
SP	Land Sale, Huntsville, Alabama		X		06-09-99			X							
	U.S. China Industrial Exchange Common Stock		X		11-17-99	X									
SP	Beaver Dam Farm, Inc.	X			01-01-99	X									
	Original filing erroneously listed														
	"Huntsville, Alabama" as "Haleyville, Alabama";														
	Typographical Error.														

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

THOMAS H. ALLEN
(Full Name)

17 FAIRMOUNT ST.
(Mailing Address)

PORTLAND ME 04103

202-225-6116
Daytime Telephone

207-774-5019

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MC (Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives — State: ME District: 1	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Thomas H. Allen	5/15/00

Name THOMAS H ALLEN

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mege Corp. Stock					X								X										X								P
DC	Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
	AMERICAN MUTUAL FUND					X								X			X										X					
	MAINE ST. BOND '02			X												X							X									
	M. LYNCH VENTURE PART.		X											X			X					X										
	245 COMMERCIAL ST PORTLAND ME (5.897% INTEREST)						X								X						X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name THOMAS H. ALLEN

Page 3 of 5

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	DRUMMOND WOODSUM PS + TRUST W/ UMB BANK OF KANSAS CITY, MO							X						N/A								N/A										
	ISMA RETIRE. CORP.			X										N/A								N/A										

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	FLEET BANK OF MAINE	MORTGAGE ON 245 COMMERCIAL ST PORTLAND ME (5.897% SHARE)				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name	THOMAS H ALLEN	Page 5 of 5

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	BROOKINGS INSTITUTION	Dec 6 - 12	PORTLAND - TOKYO — PORTLAND	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A

For use by Members, officers, and employees

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Robert E. Andrews
(Full Name)

215 Fourth Avenue
Haddon Heights, NJ 08035
(Mailing Address)

Daytime Telephone
856-845-2674

Filer Status: [X] Member of the U.S. House of Representatives — State: NJ District: 01 — [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Robert E. Andrews	5/12/00

Name Robert E. Andrews	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Rutgers -- The State University of New Jersey	Spouse Salary	NA
	Blank Rome Law Firm	Spouse Consulting Fees - Expert Witness	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	Robert E. Andrews	Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples. Association of American Associations, Wash., D.C	Speech	Feb. 2, 1999	$2,000
XYZ Magazine	Article	Aug. 13, 1999	$500
N/A			

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Name Robert E. Andrews | Page 1 of 2

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP	Examples: SP Mega Corp Stock					X								X										X								P
DC	Simon & Schuster			Indefinite																Royalties								X				
JT	1st Bank of Paducah, KY accounts						X									X									X							
	Olive B. Andrews Testamentary Trust(50% remainder interest in Life Estate) NOTE: This trust was not created by the reporting individual and the reporting individual has no specific knowledge of the holdings of the trust				X													X			X											
JT	Mellon Bank Checking Acct			X												X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert E. Andrews

SP, OC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
JT	PNC National Bank Checking				X											X							X									
SP	Stock -- GTE			X										X									X									
SP	Stock -- Connectiv			X										X									X									
JT	Dean Witter Money Market Fund				X											X							X									
JT	1105 Creek Road, Bellmawr, NJ 08031 Inherited from the Estate of Josephine Andrews (mother)					X									X									X								
JT	Morgan Stanley Dean Witter Mutual Fund				X									X										X								
JT	Morgan Stanley Dean Witter Money Market Fund				X											X								X								

This page may be copied if more space is required.

Name Robert E. Andrews | Page 1 of 1

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-99		X								
	Dean Witter Money Market Fund	X			10-13-99		X								
	Morgan Stanley Dean Witter Mutual Fund		X		10-13-99		X								

This page may be copied if more space is required.

Name Robert E. Andrews | Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	N/A											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

Name Robert E. Andrews | Page 1 of 1

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	N/A						

This page may be copied if more space is required.

Name Robert E. Andrews	Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
N/A	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

BILL ARCHER
7TH DISTRICT, TEXAS

CHAIRMAN
WAYS AND MEANS
COMMITTEE

JOINT COMMITTEE
ON TAXATION

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House of Representatives

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FAX (202) 225-4381

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10000 MEMORIAL DRIVE, SUITE 620
HOUSTON, TX 77024-3490
(713) 682-8828
FAX (713) 680-8070

INTERNET
http://www.house.gov/archer

May 15, 2000

Honorable Jeff Trandahl
Clerk of the House
H-154, The Capitol
Washington, D.C. 20515

MC (9)

Dear Mr. Trandahl:

I would appreciate your assistance in making the enclosed copy of my voluntary December 31, 1999 Financial Statement part of my permanent record along with the enclosed Financial Disclosure Statement for 1999, which is required by law.

Thank you very much, and with best wishes

Sincerely,

Bill Archer
Member of Congress

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

FINANCIAL STATEMENT - WILLIAM R. ARCHER, JR. - DECEMBER 31, 1999

ASSETS

Certificate of Deposit (F&M Bank of Stanley)		5,700.00
Certificate of Deposit (Tanglewood Bank)		104,201.00
Cash (Cong. Credit Union Acct.)		7,000.00
Cash (Crestar Bank)		124,910.00
Merrill Lynch Cash Management Acct.		777,500.00
Merrill Lynch Cash Management Acct.		120,151.00
I.R.A. (USAA)		157,260.00
Life Insurance Cash Value		9,800.00
Federal Government Retirement Fund		135,943.00
FERS Thrift Savings		119,547.00
Securities (Market Value 12-31-99)		
400 shares Pioneer Bank @ 13.00 *		5,200.00
1058 shares American General Insurance @ 73.00		77,234.00
600 shares Halliburton @ 39.00		23,400.00
119 shares Amerada Hess @ 56.00		6,664.00
800 shares Microsoft @ 117.00		93,600.00
1400 shares Intel @ 83.00		116,200.00
2514 shares Bank of Tanglewood @ 16.00		40,224.00
600 shares Atlantic Richfield @ 85.00		51,000.00
$30,000 U.S. EE Savings Bonds (at cost)		15,000.00
USAA Mutual Fund		110,271.00
PaineWebber CashFund		227,632.00
Municipal Bonds		322,329.00
27% Interest in Archer Associates - Partnership (Partnership in Liquidation)		37,879.00
Real Estate:		555,571.00
Investment Equities - Houston Real Estate (at cost less depreciation)	45,251.00	
Townhouse, Houston, TX (at cost w/spouse)	127,731.00	
House & Acreage - Page County, VA (at cost)	382,589.00	
Mineral Royalty Interest, San Juan, New Mexico (at cost)		2,000.00
1987 Dodge Truck		2,000.00
1998 Mercedes		24,000.00
1998 Jeep Cherokee		20,000.00
Coin Collection (at cost)		16,326.00
New Holland Tractor		17,000.00
TOTAL ASSETS		$3,325,542.00
TOTAL LIABILITIES		00.00

* Formerly Page Bankshares

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

William R. Archer, Jr
(Full Name)

1236 Longworth House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-2571

Filer Status	[X] Member of the U.S. House of Representatives	State TX Distrct 07	[ ] Officer or Employee	Employing Office.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS–Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	William R. Archer	5-15-00

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
XYZ Magazine	Article	Aug. 13, 1999	$ 500
American Council for Capital Formation	Speech	1/20/99	$2,000.00
National Assn. of Real Estate Investment Trusts	Speech	3/17/99	$2,000.00
National Multi Housing Council	Speech	9/14/99	$2,000.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	Examples: SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Cong. Federal Credit Union	$1,001 - $15,000	Interest	None	NA
	CD - Farmers & Merchants Bank of Stanley	$1,001 - $15,000	Interest	$201 - $1,000	NA
	CD - Tanglewood Bank	$100,001 - $250,000	Interest	$1,001 - $2,500	NA
JT	Crestar Bank	$50,001 - $100,000	Interest	$5,001 - $15,000	NA
SP	Crestar Bank	$50,001 - $100,000	Interest	$2,501 - $5,000	NA
SP	Charles Schwab & Co. - IRA	$1,001 - $15,000	Interest	$201 - $1,000	NA
	American General Insurance - Stock	$50,001 - $100,000	Dividends	$1,001 - $2,500	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Halliburton - Stock	$15,001 - $50,000	Dividends	$201 - $1,000	NA
	Amerada Hess - Stock	$1,001 - $15,000	Dividends	$1 - $200	NA
	Microsoft - Stock	$50,001 - $100,000	None	None	NA
	Intel - Stock	$100,001 - $250,000	Dividends	$1 - $200	NA
	Atlantic Richfield - Stock	$50,001 - $100,000	Dividends	$1,001 - $2,500	NA
	US EE Savings Bonds	$1,001 - $15,000	None	None	NA
	USAA Mutual Fund	$100,001 - $250,000	Dividends	$5,001 - $15,000	NA
	Paine Webber Cashfund	$100,001 - $250,000	Interest	$5,001 - $15,000	NA
	Municipal Bonds - (Paine Webber Acct.)	$250,001 - $500,000	Interest	$5,001 - $15,000	NA
JT	Townhouse - Houston, TX	$100,001 - $250,000	Rent	$5,001 - $15,000	NA
	Archer Associates - Family Partnership	$15,001 - $50,000	Interest	$1 - $200	NA
	San Juan, NM - Mineral Royalty Interest	$1,001 - $15,000	Royalty	$2,501 - $5,000	NA
JT	Merrill Lynch CMA Acct. #1 & 2	$500,001 - $1,000,000	Dividends	$15,001 - $50,000	NA
	Real Estate Partnership - Houston Westwood Shopping Ctr., 1/5% Interest	$1,001 - $15,000	Interest/Capital Gain	$201 - $1,000	NA
	Real Estate Partnership - Houston - Howard Chen	$15,001 - $50,000	Interest	$1 - $200	NA
	USAA - IRA	$100,001 - $250,000	Interest	$5,001 - $15,000	NA
	Bank of Tanglewood - Stock	$15,001 - $50,000	None	None	NA
	Pioneer Bank (formerly Page)	$1,001 - $15,000	Dividends	$1 - $200	NA

Name William R. Archer, Jr | Page 5 of 7

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	Bank of Tanglewood - Stock	Purchase	1-11-99	$1,001 - $15,000
	Real Estate Partnership - Houston, Meadowlake Estate - 6.25% Interest	Sold	1-26-99	$15,001 - $50,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
USIA Special Visits Program	3/26 - 4/5/99	D.C.-Australia-D.C.	Y	Y	Y	None
Norwegian Government	8-11 - 8/13/99	Stockholm-Oslo-Stockholm	Y	Y	Y	None
Ripon Education Fund	8/13 - 8/19/99	D.C.-Stockholm-D.C.	Y	Y	Y	None

Name William R. Archer, Jr	Page 7 of 7

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Director	Houston Society for the Prevention of Cruelty to Animals
Partner	Archer Associates Partnership

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Richard Armey
(Full Name)

H-329 The Capitol
(Mailing Address)

Washington DC 20515

Daytime Telephone: (202)225-4000

Filer Status	[X] Member of the U S House of Representatives	State TX District 26	[ ] Officer or Employee	Employing Office.	
Report Type	[X] Annual (May 15)	[ ] Amendment		[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [X]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S C 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Dick Armey	May 15, 2000

Name Richard Armey | Page ___ of ___

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Teachers Insurance and Annuity Association	teacher's retirement	$2,400.00

For payments to charity in lieu of honoraria, use Schedule II.

Name Richard Armey | Page ___ of ___

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
XYZ Magazine	Article	Aug. 13, 1999	$ 500
KMart	appearance	09/22/99	$500.00
Nash Finch Company	speech	9/17/99	$2,000.00

Name Richard Armey	Page ___ of ___

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del	$100,001 - $250,000
	Wells Fargo	line of credit	$15,001 - $50,000

Name Richard Armey | Page ____ of ____

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Coral Ridge Ministries	2/26-27/1999	Washington, DC-Ft. Lauderdale, Fl	Y	Y	N	none
Citizens for A Sound Economy Foundation	10/8/1999	Washington, DC--Orlando, FL--Washington, DC	N	N	N	none
Eastman Kodak	5/7-9/1999	Washington, DC-Tri-City Airport, TN--Washington, DC	N	N	N	2
Congressional Institute	2/4-2/6/1999	Washington, DC--Williamsburg, VA--Washington, DC	Y	Y	N	none

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

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Joe Baca
(Full Name)

1850 N. Magnolia, Rialto, CA 92376
(Mailing Address)

909-875-4940
Daytime Telephone

MC
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives — State: CA District: 42	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Joe Baca	4-28-2000

Name	Joe Baca	Page 2 of 4

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	The only source of income is from the filer's current employment by the U.S. Government		

For payments to charity in lieu of honoraria, use Schedule II.

Name Joe Baca

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source		Block B: Value of Asset												Block C: Type of Income							Block D: Amount of Income											Block E: Transaction
			A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:*	SP	Mega Corp. Stock				X								X										X									P
			Simon & Schuster		Indefinite																Royalties									X				
			1st Bank of Paducah, KY accounts					X									X										X							
	GTE														X																			

For additional assets and unearned Income, use next page.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
State Senator - 32nd District	Secretary of State - State Capitol - California Legislature
U.S. Congressman - 42nd District	Federal Government

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 17 PM 1:43
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
MAY 15 2000
(Office Use Only)

(9)

Joe Baca
(Full Name)

1850 N. Magnolia, Rialto, CA 92376
(Mailing Address)

909-875-4940
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State CA District 42	[ ] Officer or Employee	Employing Office.
Report Type	[X] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Joe Baca	5-12-2000

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of California/State Senator	Senate Salary	93,148
	Rialto Unified School District	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Joe Baca

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset												Block C: Type of Income							Block D: Amount of Income											Block E: Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples* SP Mega Corp Stock					X								X										X								P
	Examples Simon & Schuster		Indefinite																	Royalties									X			
	Examples 1st Bank of Paducah, KY accounts						X									X										X						
	GTE			X										X									X									
	FERS/Federal Employee Retirement System		X																	Pension			N/A									
SP	STRS/State Teachers Retirement System			X																Pension			N/A									
	American National Insurance Co			X																IRA			N/A									

For additional assets and unearned income, use next page.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
State Senator - 32nd District	Secretary of State - State Capitol - California Legislature

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 O-2 753 (mec)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
CLERK'S OFFICE OF SOURCE CENTER
00 MAY 15 PM 3:57
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC
HAND DELIVERED
(Office Use Only)

Spencer T. Bachus, III
(Full Name)

442 Cannon Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone
202-225-4921

Filer Status	[X] Member of the U.S. House of Representatives	State: Alabama District: Sixth	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Spencer T. Bachus III	May 11, 2000

Name	Spencer T. Bachus, III	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Cancer Research Foundation of America	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	Spencer T. Bachus, III	Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
XYZ Magazine	Article	Aug. 13, 1999	$500
None			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Spencer T. Bachus, III

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E P, S, E
SP, DC, JT	*Examples:*	SP					X								X										X								P
				Indefinite																	Royalties								X				
								X									X									X							
SP	U.S. Treasury Strips Tint		X														X	X								X							S
	Regions Bank				X												X						X										
SP	Smith Barney									X					X		X											X					
SP	AmSouth Bank				X												X							X									
SP	Fidelity Cash Reserve				X										X								X										
SP	Commercial Investment		X													X	X	X									X						S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Spencer T. Bachus, III

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Southwood Enterprises					X									X											X						
SP	Union Carbide	X															X				X											S
	4821 12th Ave No., Bham				X										X										X							
	2025 16th Druid Hills				X										X										X							
	3937 28th PL No., Bham				X										X										X							
	Call Sun Micro Jan 090	X															X							X								S
	Call Sun Micro Jan 090	X															X							X								S
	Call SW Airls Jan 22.5	X															X						X									S
	Put Coca Cola Feb 070	X															X						X									S
	Put Gateway Feb 075	X															X								X							S
	Put Amazon.Com Feb 120	X															X							X								S
	Put Coca Cola May 065	X															X									X						S
	Put Lucent Tech May 060	X															X							X								S
	Call Ford Motor Jun 065	X															X							X								S
	Put ETrade May 060	X															X							X								S
	Put Geocities May 120	X															X								X							S
	Put Ebay Inc. Jul 165	X															X						X									S
	Put Coca Cola Jun 065	X															X						X									S
	Put Ebay Inc. Jul 175	X															X						X									S
	Put Coca Cola Aug 060	X															X									X						S
	Call Ford Motor Aug 055	X															X									X						S
	Put Coca Cola Aug 37.5	X															X								X							S

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Spencer T. Bachus, III

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Put Coca Cola Aug 030	X															X									X						S
	Put Coca Cola Aug 030	X															X								X							S
	Put Coca Cola Aug 060	X															X					X										S
	Put Coca Cola Aug 060	X															X						X									S
	Put Coca Cola Aug 060	X															X							X								S
	Put Coca Cola Aug 060	X															X							X								S
	Put Coca Cola Aug 060	X															X							X								S
	Call Ford Motor Sep 050	X															X								X							S
	Put Coca Cola Sep 060	X															X									X						S
	Put Coca Cola Sep 055	X															X									X						S
	Put Coca Cola Sep 055	X															X								X							S
	Put Coca Cola Sep 055	X															X								X							S
	Put Gateway Nov 050	X															X								X							S
	Put Coca Cola Oct 055	X															X									X						S
	Put Microsoft Oct 095	X															X								X							S
	Put Microsoft Oct 095	X															X								X							S
	Call Ford Motor Oct 050	X															X								X							S
	Put Coca Cola Nov 27.5	X															X									X						S
	Put Coca Cola Nov 27.5	X															X									X						S
	Call Ford Motor Nov 050	X															X								X							S
	Put Microsoft Oct 090	X															X								X							S
	Call Visx Inc. Dec 67.5	X															X									X						S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Spencer T. Bachus, III

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Call Visx Inc. Dec 67.5	X															X									X						S
	Put Coca Cola Dec 065	X															X									X						S
	Call Seibel Sys Jan 065	X															X									X						S
	Put Coca Cola Jan 060	X															X										X					S
	Put Coca Cola Jan 060	X															X									X						S
	Put Coca Cola Jan 060	X															X									X						S
	Call Visx Inc. Mar 055	X															X								X							S
	Daktronics	X															X								X							S
	Call Global Mar Jan 12.5	X															X							X								S
	Call Halliburton Jan 035	X															X							X								S

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Name Spencer T. Bachus, III

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000.
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
SP	Union Carbide		X		5/3/99		X								
SP	US Treasury Strips Tint		X		5/3/99				X						
SP	Commercial Investments		X		11/1/99		X								
	Call Sun Micro Jan 090		X		1/4/99	X									
	Call Sun Micro Jan 090		X		1/5/99	X									
	Call Southwest Airlines Jan 22.5		X		1/5/99	X									
	Put Coca Cola Feb 070	X	X		1/7/99 1/8/99	X									
	Put Gateway 2000 Feb 075	X	X		2/4/99 2/5/99	X									
	Put Amazon.Com Feb 120	X	X		1/6/99 2/8/99	X									
	Call Halliburton Feb 035	X	X		1/11/99 2/23/99	X									
	Call Halliburton Feb 035	X	X		2/6/99 2/23/99	X									
	Put Coca Cola Mar 060	X	X		2/10/99 3/23/99	X									
	Put Coca Cola Mar 060	X	X		2/10/99 3/23/99	X									
	Put Coca Cola Mar 060	X	X		2/26/99 3/23/99	X									
	Put Coca Cola May 065	X	X		3/23/99 4/7/99	X									
	Put Lucent Tech May 060	X	X		4/7/99 4/12/99	X									

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Name Spencer T. Bachus, III

Page 2 of 6

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Maga Corporation Common Stock	X			10-12-99		X								
	Call Ford Motor June 065	X	X		4/14/99 4/19/99	X									
	Put E Trade Group May 060	X	X		4/7/99 4/19/99	X									
	Put EBAY Inc. APR 140	X	X		4/7/99 4/20/99	X									
	Put Geocities May 120	X	X		4/13/99 5/5/99	X									
	Put Coca Cola May 060	X	X		3/23/99 5/25/99	X									
	Put Coca Cola May 060	X	X		4/23/99 5/25/99	X									
	Put Coca Cola May 065	X	X		4/21/99 5/25/99	X									
	Put Coca Cola May 065	X	X		4/30/99 5/25/99	X									
	Put EBAY Inc. Jul 165	X	X		6/8/99 6/14/99	X									
	Put Coca Cola Jun 065	X	X		6/5/99 6/15/99	X									
	Put Coca Cola June 065	X	X		6/5/99 6/15/99	X									
	Put EBAY Inc. JUL 175	X	X		6/4/99 6/18/99	X									
	Put Coca Cola Aug 060	X	X		6/1/99 6/21/99	X									
	Put Coca Cola En Jun 030	X	X		5/6/99 6/22/99	X									
	Call Ford Motor Aug 055	X	X		6/23/99 7/1/99	X									
	Put Coca Cola En Aug 37.5	X	X		6/22/99 7/19/99	X									

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SCHEDULE IV — TRANSACTIONS

Name Spencer T. Bachus, III

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	Put Lucent Tech Jul 070	X	X		7/2/99 7/20/99	X									
	Put Coca Cola En Aug 030	X	X		6/16/99 7/26/99	X									
	Put Coca Cola En Aug 030	X	X		7/29/99 8/5/99	X									
	Put Coca Cola Aug 060	X	X		6/24/99 8/6/99	X									
	Put Coca Cola Aug 060	X	X		6/25/99 8/6/99	X									
	Put Coca Cola Aug 060	X	X		7/1/99 8/6/99	X									
	Put Coca Cola Aug 060	X	X		7/19/99 8/16/99	X									
	Put Coca Cola Aug 060	X	X		7/1/99 8/16/99	X									
	Call Ford Motor Sep 050	X	X		8/17/99 8/18/88	X									
	Call Ford Motor Aug 055	X	X		7/27/99 8/24/99	X									
	Put Coca Cola Sep 060	X	X		6/5/99 9/3/99	X									
	Put Coca Cola Sep 055	X	X		6/20/99 9/7/99	X									
	Put Coca Cola Sep 055	X	X		8/24/99 9/7/99	X									
	Put Coca Cola Sep 055	X	X		8/24/99 9/16/99	X									
	Put Gateway Sep 045	X	X		8/20/99 9/21/99	X									
	Put Gateway Sep 045	X	X		8/24/99 9/21/99	X									

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SCHEDULE IV — TRANSACTIONS

Name Spencer T. Bachus, III

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
	Put Gateway Nov 050	X	X		9/21/99 9/23/99	X									
	Put Coca Cola Oct 055	X	X		9/8/99 9/23/99		X								
	Put Microsoft Oct 095	X	X		9/23/99 9/27/99	X									
	Put Microsoft Oct 095	X	X		9/23/99 9/27/99	X									
	Call Ford Motor Oct 050	X	X		9/27/99 9/27/99	X									
	Put Coca Cola En Nov 27.5	X	X		9/8/99 9/30/99	X									
	Put Coca Cola En Nov 27.5	X	X		9/8/99 10/4/99	X									
	Put Sun Micro Nov 095	X	X		9/29/99 10/7/99	X									
	Put Sun Micro Nov 096	X	X		10/4/99 10/7/99	X									
	Put Ebay Inc. Oct 150	X	X		9/9/99 10/13/99	X									
	Put Ebay Inc. Oct 150	X	X		9/24/99 10/13/99	X									
	Call Ford Motor Nov 050	X	X		10/7/99 10/14/99	X									
	Put Microsoft Oct 090	X	X		10/6/99 10/15/99	X									
	Put Coca Cola Nov 050	X	X		10/8/99 11/23/99	X									
	Put Coca Cola Nov 050	X	X		10/15/99 11/23/99	X									
	Put Coca Cola Nov 050	X	X		10/18/99 11/23/99	X									

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SCHEDULE IV — TRANSACTIONS

Name Spencer T. Bachus, III

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Maga Corporation Common Stock	X			10-12-99		X								
	Put Amer Online Nov 130	X	X		11/3/99 11/23/99	X									
	Put Nasdaq 100 Nov 145	X	X		11/16/99 11/23/99	X									
	Put Nasdaq 100 Nov 145	X	X		11/17/99 11/23/99	X									
	Call Visx Inc. DEc 67.5	X	X		11/26/99 12/3/99		X								
	Call Visx Inc. Dec 67.5	X	X		11/26/99 12/03/99		X								
	Put Coca Cola Dec 065	X	X		11/23/99 12/6/99	X									
	Call Siebel Sys Jan 065	X	X		11/29/99 12/10/99		X								
	Put Coca Cola Jan 060	X	X		12/6/99 12/15/99		X								
	Put Coca Cola Jan 060	X	X		12/6/99 12/16/99	X									
	Put Coca Cola Jan 060	X	X		12/06/99 12/16/99	X									
	Call Visx Inc. Mar 055	X	X		12/7/99 12/20/99	X									
	Daktronics Inc. 1,000 Shares	X	X		12/3/99 12/20/99		X								
	Call Halliburton Dec 040	X	X		11/24/99 12/21/99	X									
	Call Global Marine Jan 12.5	X	X		12/17/99 12/23/99	X									
	Call Halliburton Jan 035	X	X		11/29/99 12/29/99	X									
	Put Coca Cola Jan 050	X	X		10/14/99 12/31/99	X									

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SCHEDULE IV — TRANSACTIONS

Name Spencer T. Bachus, III

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
	Put Nasdaq 100 Jan 162	X	X		12/16/99 12/31/99		X								
	Put Nasdaq 100 Jan 166	X	X		12/17/99 12/31/99	X									

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Name Spencer T. Bachus, III

Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Compass Bank	Mortgage - Rental Properties			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name	Spencer T. Bachus, III	Page 1 of 1

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
BiPartisan Congressional Retreat Aspen Institute	Mar 19-21	DC - Hershey, PA - DC	Y	Y	Y	N
Eastern General Managers Assoc	Jul 30-Aug1	DC - Manchester, VT - DC	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 15 PM 4:37
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

(4) HAND DELIVERED
MC
(Office Use Only)

Brian N. Baird
(Full Name)

1721 Longworth HOB, Washington, DC 20515
(Mailing Address)

202-225-3536
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: WA District: 03	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5-15-00

Name: Brian N. Baird

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000)	Block C: Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income))	Block D: Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000)	Block E: Transaction (P, S, E)
SP, DC, JT — *Examples:* SP	Mege Corp. Stock	E	DIVIDENDS	IV	P
DC	Simon & Schuster	Indefinite	Royalties	IX	
JT	1st Bank of Paducah, KY accounts	F	INTEREST	VI	
	Prentice Hall Inc	indefinite	Royalties	VI	
	3025 Horizon Dr, Bend, OR	L	CAPITAL GAINS	VII	S

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name: Brian N. Baird

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	3025 Horizon Dr, Bend, OR (undevelp. property)		X		1-29-99				X						

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Name	Page 4 of 4
Brian N. Baird	

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Israel Education Fndtn.	11/27/99 - 12/05/99	Wash, DC - Tel Aviv -WashDC	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 12 PM 12:23
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Richard H. Baker
(Full Name)

434 Cannon House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone 202-225-3901

Filer Status	[X] Member of the U.S. House of Representatives	State: Louisiana District: 06th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Richard H. Baker	5/11/00

Name	Page
Richard H. Baker	2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	K's Louisiana Market	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Richard H. Baker | Page 3 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its gengraphic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock					X								X									X									P
	Simon & Schuster		Indefinite																	Royalties								X				
	1st Bank of Paducah, KY accounts						X									X									X							
	LPB Minerals		X											X									X									
	Glacier Technology			X																	X											
	Baker Agency	X																			X											Transfered to son
SP	K's Louisiana Market						X																									
	Scenic Investments				X																X											

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Hancock Bank, Baton Rouge, Louisiana	Commercial Loan		X								
	Bank One, Baton Rouge, Louisiana	Commercial Loan		X								
	MBNA	Business Loan	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	LPB Minerals (uncompensated)
Partner	Scenic Investments (uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A

For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
00 MAY -5 AM 11:26
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
INSIDE MAIL
(Office Use Only)

4

John Elias Baldacci
(Full Name)

79 Palm Street
(Mailing Address)

207-947-6088
Daytime Telephone

Bangor, Maine 04401

Filer Status	[X] Member of the U.S. House of Representatives — State: Maine District: Second	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you heve any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John Baldacci	May 3, 2000

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	City of Bangor	Spouse Salary	N/A
	73 Harlow Street		
	Bangor, Maine 04401		

For payments to charity in lieu of honoraria, use Schedule II.

Name John Elias Baldacci | Page 2 of 3

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residance(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source		Block B: Value of Asset												Block C: Type of Income						Block D: Amount of Income											Block E: Transaction
			A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples:	SP	Mega Corp. Stock				X								X										X							P
DC			Simon & Schuster		Indefinite																Royalties									X		
JT			1st Bank of Paducah, KY accounts					X									X									X						
	Bangor Savings Bank P.O. Box 930 Bangor, Maine 04402 (Savings)				X												X							X								
JT	Key Bank of Maine P.O. Box 429 Augusta, Maine 04330 (cd)			X													X						X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Elias Baldacci

Page 3 of 3

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Cong. Fed. Credit Union P.O. Box 23267 Washington, D.C. 20026 (money market)						X									X								X							
	Northern New England Law Publishers, Inc. P.O. Box 38 Naples, Maine 04055 (stock)			X										X									X								
SP	ICMA Retirement Trust 777 N. Capitol Street, NE Washington, D.C. 20002					X										X							X								
SP	Travelers Insurance Annuity Services One Tower Square Hartford, CT 06183			X												X							X								
	Maine State Retirement System Augusta, Maine 04330			X												X							X								
SP	Maine State Retirement System Augusta, Maine 04330			X												X							X								

This page may be copied if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 15 PM 2:43

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RECEIVED
00 MAY 15 AM 11:33
COMMITTEE ON STANDARDS

(Office Use Only)

TAMMY SUZANNE GREEN BALDWIN
(Full Name)

1020 LONGWORTH HOUSE OFFICE BUILDING
(Mailing Address)

WASHINGTON, D.C. 20515

Daytime Telephone 202-225-2906

OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

Filer Status	☑ Member of the U.S. House of Representatives — State: WI District: 02	☐ Officer or Employee	Employing Office
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☑ No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Tammy Baldwin	5/8/00

Name TAMMY BALDWIN | Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	STATE OF WISCONSIN ASSEMBLY	SALARY + PER DIEM	3,305.08

For payments to charity in lieu of honoraria, use Schedule II.

Name TAMMY BALDWIN | Page 3 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock					X								X										X								P
	Examples: Simon & Schuster		Indefinite																	Royalties									X			
	Examples: 1st Bank of Paducah, KY accounts						X									X									X							
	RENTAL PROPERTY 4435 113 RD. CARBONDALE, CO						X								X										X							
	TEMPLETON DEV. MARKETS CLASS I	X																														S
	WISCONSIN RETIREMENT SYSTEM			X																												
	D. GREEN IRREVOCABLE TRUST FOR TAMMY BALDWIN																							X								
	1) FIRSTAR EQUITY GROWTH FUND A				X									X		X																P, in part
	2) FIRSTAR SPECIAL GROWTH FUND B				X									X		X																

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name TAMMY BALDWIN

Page 4 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction P, S, E
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	
	3) FIRSTAR U.S. GOVT BOND FUND	E	CAPITAL GAINS		S, in part
	4) FIRSTAR MONEY MARKET	C	INTEREST		
	5) FIRSTAR GROWTH + INCOME FUND	D	DIVIDENDS; INTEREST		P

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Name TAMMY BALDWIN

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
	TEMPLETON DEV. MARKETS CLASS 1		X		2-3-99	X									
	D. GREEN IRREVOCABLE TRUST FOR TAMMY BALDWIN														
	(1) FIRSTAR GROWTH & INCOME FUND	X			3-18-99	X									
	(2) FIRSTAR GROWTH & INCOME FUND	X			6-3-99		X								
	(3) FIRSTAR EQUITY GROWTH FUND A	X			6-3-99	X									
	(4) FIRSTAR U.S. GOVT. BOND FUND		X		3-18-99	X									
	(5) FIRSTAR U.S. GOVT. BOND FUND		X		6-3-99		X								

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	ALPINE BANK, GLENWOOD SPRINGS, CO	MRTG. ON RENTAL PROP.		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
LAUREN A'ZAR, MADISON, WI DOMESTIC PARTNER OF MEMBER	LUGGAGE, SOFTWARE, BOOKS, BREADMAKER, BROOCHES	452.78

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
GILL FOUNDATION FOR OUTGIVING	5-7 to 5-10	WASH. D.C. - ASPEN, CO - WASH. DC	Y	Y	DOMESTIC PARTNER	1 day
HUMAN RIGHTS CAMPAIGN	9-24	MADISON, WI - HOUSTON TX - WASH. D.C.	N	N	N	N
VICTORY FUND	11-13	MADISON WI - MINNEAPOLIS MN - MADISON WI	N	N	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
BOARD MEMBER	WISCONSIN CITIZEN ACTION

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	—	

GPO: 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

00 MAY 11 PM 4:41

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(34)

MC HAND DELIVERED
(Office Use Only)

THOMAS CASS BALLENGER
(Full Name)

867 20TH AVENUE DRIVE, NW
(Mailing Address)

HICKORY NC 28601

Daytime Telephone: (202) 225-2576

Filer Status	[X] Member of the U.S. House of Representatives	State: NC District: 10	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**		X
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	X	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	X	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?		X
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?		X

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Thomas Cass Ballenger	5/11/00

Name THOMAS CASS BALLENGER | Page 1 of 1

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Onlario County Board of Education	Spouse Salary	NA
	PLASTIC PACKAGING, INC. - FAMILY BUSINESS	SALARY EXEMPT FROM RULE XLVII	$20,000.00
	PLASTIC PACKAGING, INC. - SPOUSE SALARY	SPOUSE SALARY	NA
	LEGISLATIVE RETIREMENT SYSTEM OF NC	PENSION	$3,938.00
	PLASTIC PACKAGING, INC.	SPLIT DOLLAR PLAN LIFE INS. BENEFIT EXEMPT FROM RULE XLVII	$2,056.00

For payments to charity in lieu of honoraria, use Schedule II.

Name Thomas Cass Ballenger

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$ 500
	None			

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A Asset and/or Income Source	BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block. Rent % = Royalty Income	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	Examples: SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	RENTAL HOUSE, 12TH AVENUE	$50,001 - $100,000	Rent	$2,501 - $5,000	
JT	WASHINGTON APT., 450 JERSEY AVE.	$250,001 - $500,000	Rent	$2,501 - $5,000	
	TROUSDALE # 415-O WELL	$1,001 - $15,000	Rent - %	$201 - $1,000	
	NORTON / TAYLOR 30415-Q WELL	$1,001 - $15,000	Rent - %	$201 - $1,000	
	GLENDALE #0415-T WELL	$1,001 - $15,000	Rent - %	$201 - $1,000	
	HEINE PROSPECT #0415-W WELL	$1,001 - $15,000	Rent - %	$1 - $200	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SCARMARDO PROSPECT #1-H WELL	$1,001 - $15,000	Rent - %	$201 - $1,000	
RUNNING DUKE #1-H WELL	$1,001 - $15,000	Rent - %	None	
TRAWEEK PROSPECT #1-H WELL	$1,001 - $15,000	Rent - %	None	
ESPERANCE POINT #1-H WELL	$1,001 - $15,000	Rent - %	None	Project Was Terminated
AIR PRODUCTS & CHEMICALS	None	Dividends	$201 - $1,000	S
BANK ONE CORPORATION	None	Dividends	$1,001 - $2,500	S
BB&T CORPORATION	$15,001 - $50,000	Dividends	$201 - $1,000	
BEST FOODS	$15,001 - $50,000	Dividends	$201 - $1,000	
FRESH FOODS	$1,001 - $15,000	Dividends	None	P
GENERAL INSTRUMENT CORPORATION	$15,001 - $50,000	Dividends	None	
GIBRALTAR PACKAGING GROUP, INC.	$1 - $1,000	Dividends	None	
INGERSOLL-RAND COMPANY	$1,001 - $15,000	Dividends	$1 - $200	
MARTIN MARIETTA MATERIALS INC.	$1,001 - $15,000	Dividends	$1 - $200	
NORFOLK SOUTHERN CORPORATION	None	Dividends	$201 - $1,000	S
RUBBERMAID INCORPORATED	None	Dividends	$1 - $200	S
TEXTRON INCORPORATED	$15,001 - $50,000	Dividends	$201 - $1,000	
TYCO INTERNATIONAL LIMITED (NEW)	$15,001 - $50,000	Dividends	$1 - $200	P
WACHOVIA CORPORATION	$15,001 - $50,000	Dividends	$201 - $1,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BANK OF AMERICA CORPORATION	$15,001 - $50,000	Dividends	$201 - $1,000	
	COMMSCOPE INCORPORATED	$15,001 - $50,000	Dividends	None	P
	GENERAL ELECTRIC COMPANY	$100,001 - $250,000	Dividends	$201 - $1,000	
	JOHNSON & JOHNSON INCORPORATED	$15,001 - $50,000	Dividends	$201 - $1,000	
	LUCENT TECHNOLOGIES INCORPORATED	$15,001 - $50,000	Dividends	$1 - $200	
	PFIZER INCORPORATED	$15,001 - $50,000	Dividends	$201 - $1,000	
	PROCTOR & GAMBLE COMPANY	$15,001 - $50,000	Dividends	$201 - $1,000	
	SCHERING PLOUGH CORPORATION	$15,001 - $50,000	Dividends	$201 - $1,000	
	WALGREEN COMPANY	None	Dividends	None	S
	APPLE COMPUTER INCORPORATED	$1,001 - $15,000	Dividends	None	
	CPC INTERNATIONAL	None	Dividends	$1 - $200	S
	ARMSTRONG WORLD INDUSTRIES, INC.	None	Dividends	$1 - $200	S
	DU PONT E I DC NEMOURS & CO.	$15,001 - $50,000	Dividends	$201 - $1,000	
	DUKE ENERGY CORPORATION	$15,001 - $50,000	Dividends	$1,001 - $2,500	
	EXXON CORPORATION	$50,001 - $100,000	Dividends	$201 - $1,000	
	MINNESOTA MINING & MANUFACTURING	$15,001 - $50,000	Dividends	$201 - $1,000	
	MOBIL CORPORATION	None	Dividends	$1,001 - $2,500	Merged With Exxon Corp
	TEXACO INCORPORATED	$1,001 - $15,000	Dividends	$201 - $1,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	THE ALLSTATE CORPORATION	$1,001 - $15,000	Dividends	$1 - $200	
	UNITED TECHNOLOGIES CORPORATION	$15,001 - $50,000	Dividends	$201 - $1,000	
	ALLCATEL AMERICAN DEPOSITORY RECEIPTS	$15,001 - $50,000	Dividends	$201 - $1,000	
	CONAGRA INCORPORATED	None	Dividends	$1 - $200	S
	GTE CORPORATION	$15,001 - $50,000	Dividends	$201 - $1,000	
	PHILIP MORRIS COMPANIES, INC.	None	Dividends	$1 - $200	S
	ROYAL DUTCH PETROLEUM CO.	$15,001 - $50,000	Dividends	$1,001 - $2,500	
	THE WILLIAMS COMPANIES, INC. DELAWARE	None	Dividends	$1 - $200	S
	SPIEKER PROPERTIES INCORPORATED	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
	HALLIBURTON COMPANY	$1,001 - $15,000	Dividends	$1 - $200	P
	INTEL CORPORATION	$15,001 - $50,000	Dividends	$1 - $200	P
	TIMKEN COMPANY	$1,001 - $15,000	Dividends	$1 - $200	P
	MUNDER NET NET FUND CLASS A	None	Dividends	None	P AND S
	ALLIANCE PREMIER GROWTH FD CL A	$15,001 - $50,000	Dividends	None	
	CASH ACCOUNT	$1 - $1,000	Dividends	None	
	ANHEUSER BUSCH COMPANIES INC.	$1,001 - $15,000	Dividends	None	P
	CONCENTRIC NETWORK CORP (DELAWARE)	$1,001 - $15,000	Dividends	None	P

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	FEDERAL NATIONAL MORTGAGE ASSOC.	$1,001 - $15,000	Dividends	None	P
	SIEBEL SYSTEMS INCORPORATED	$15,001 - $50,000	Dividends	None	P
	HERITAGE CASH TRUST MM FUND	$15,001 - $50,000	Dividends	None	
SP	ALCATEL ADS	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	ARCHER DANIELS MIDLAND	$1,001 - $15,000	Dividends	$1 - $200	
SP	BANKAMERICA CORP NEW	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	BB&T CORP	$1,001 - $15,000	Dividends	$1 - $200	
SP	BANK OF GRANITE	$50,001 - $100,000	Dividends	$1,001 - $2,500	
SP	BRAZIL FUND	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	DIAMOND OFFSHORE DRILLING, INC.	$1,001 - $15,000	Dividends	$1 - $200	
SP	FRESH FOODS, INC.	$1,001 - $15,000	Dividends	None	
SP	WR GRACE & CO. NEW DELA	$15,001 - $50,000	Dividends	None	Partial Sale
SP	JEFFERSON PILOT CORP.	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	MOTOROLA, INC.	$15,001 - $50,000	Dividends	$1 - $200	
SP	NCR CORPORATION	$1 - $1,000	Dividends	None	
SP	PEPSICO, INC.	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	PIEDMONT NATURAL GAS, NC	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	SCHERING PLOUGH CORP	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	SEALED AIR CP NEW	$50,001 - $100,000	Dividends	$1,001 - $2,500	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	TEXTRON, INC.	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	TIMKEN COMPANY	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	TRICON GLOBAL REST, INC.	$1,001 - $15,000	Dividends	None	
SP	WENDY'S INT'L	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	WILLIAMS CO. INC.	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	SEALED AIR SERIES A	$50,001 - $100,000	Dividends	None	
SP	DW ACTIVE ASSETS MONEY TRUST	$100,001 - $250,000	Dividends	$5,001 - $15,000	
SP	CATAWBA CNTY NC HOSP 5.2% BOND	None	Interest	$201 - $1,000	S
SP	MANATEE CNTY WATER SEWER 6.1% BOND	$1,001 - $15,000	Interest	$201 - $1,000	
SP	FORSYTH CNTY NC LAW 4.75% BOND	$15,001 - $50,000	Interest	$201 - $1,000	
SP	NC MUNI PWER AGY 4.9% BOND	$15,001 - $50,000	Interest	$1,001 - $2,500	
SP	MECKLENBURG CNTY 5.75% BOND	$50,001 - $100,000	Interest	$2,501 - $5,000	
SP	MOORE CNTY NC GEN 4.75% BOND	$15,001 - $50,000	Interest	$201 - $1,000	
SP	CHARLOTTE NC GEN 5 5% BOND	$50,001 - $100,000	Interest	$2,501 - $5,000	
SP	NC MUN PWR AGY - 1 4.1% BOND	$15,001 - $50,000	Interest	$201 - $1,000	
SP	FAYETTEVILLE NC PUB WKS 4.6% BOND	$15,001 - $50,000	Interest	$1,001 - $2,500	
SP	CABARRUS CNTY NC GEN 4.5% BOND	$1,001 - $15,000	Interest	$201 - $1,000	
SP	MANATEE CNTY FL WATER 9.3% BOND	$1,001 - $15,000	Interest	$201 - $1,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	DURHAM CNTY NC GEN 5.2% BOND	$50,001 - $100,000	Interest	$2,501 - $5,000	
SP	CHARLOTTE NC PUB IMPRV. 5.3% BOND	$15,001 - $50,000	Interest	$1,001 - $2,500	
SP	MOUNT AIRY NC GEN 4.9% BOND	$1,001 - $15,000	Interest	$201 - $1,000	
SP	NC MED CARE COMM 5% BOND	$50,001 - $100,000	Interest	$2,501 - $5,000	
SP	NC MED CARE COMM 5.5% BOND	$15,001 - $50,000	Interest	$1,001 - $2,500	
SP	FORSYTH CO NC CTFS 5% BOND	$15,001 - $50,000	Interest	$2,501 - $5,000	
SP	US TREAS. NOTE 8.5%	$15,001 - $50,000	Interest	$1,001 - $2,500	
SP	US TREAS. NOTE 9.125%	$1,001 - $15,000	Interest	$201 - $1,000	
SP	GNMA POOL 8% BOND	$1,001 - $15,000	Interest	$1 - $200	
SP	PHOENIX MIDCAP PFT CL A	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	P
SP	AIM LAT AMERICAN GRWTH A	$15,001 - $50,000	Dividends	$201 - $1,000	Purchased <$1,000
SP	UNIT NUVEEN NATL LT 108 SPS	$1,001 - $15,000	Interest	$1 - $200	
SP	UNIT NUVEEN NATL LT 183 QPS	$1 - $1,000	Interest	$1 - $200	
SP	UNIT KEMPER TAX EX INCOME TRUST	$1,001 - $15,000	Interest	$201 - $1,000	
SP	UNIT GSIF GOVT US TRSY 1 MPS	$1,001 - $15,000	Interest	$201 - $1,000	
SP	COMM SCOPE, INC.	$15,001 - $50,000	Dividends	None	P
SP	MARTHA STEWART LIVING - CL A	$1 - $1,000	Dividends	None	Purchased < $1,000
SP	JC BRADFORD IRA	$50,001 - $100,000	NA	NA	
SP	OAK PLANTATION K-1	$1 - $1,000	Partnership - N/A	$201 - $1,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	OAK PLANTATION K-1	$1 - $1,000	Partnership - N/A	$201 - $1,000	
	AAI / FOREST HILLS	None	Partnership - N/A	$201 - $1,000	
	AAI / FOUR SEASONS	None	Partnership - N/A	$201 - $1,000	
	DYCO OIL & GAS 1992-1, 1983-1, 1981-2, 1984-1	$1 - $1,000	Partnership - N/A	$1 - $200	
	MCNEIL REAL ESTATE FD K-1	$1 - $1,000	Partnership - N/A	$201 - $1,000	
	T.C. BALLENGER/EHS UNITRUST	None	Charitable Unitrust - N/A	$5,001 - $15,000	
	QUALIFIED PENSION IRA	None	NA	NA	
	CONGRESSIONAL FEDERAL CREDIT UNION	$15,001 - $50,000	Interest	$1 - $200	
SP	BANK OF GRANITE	$15,001 - $50,000	Interest	$201 - $1,000	
	BANK OF AMERICA	$1,001 - $15,000	Interest	$1 - $200	
	BANK OF AMERICA	$1,001 - $15,000	Interest	$1 - $200	
JT	JORDAN BRIDGE - LOAN	$1,001 - $15,000	Interest	None	
JT	MARK WEAVER - LOAN	$1,001 - $15,000	Interest	None	
	PLASTIC PACKAGING, INC.	$5,000,001 - $25,000,000	Dividends	$50,001 - $100,000	
SP	PLASTIC PACKAGING, INC.	$250,001 - $500,000	Dividends	$5,001 - $15,000	
	PLASTIC PACKAGING, ESOP	$1,001 - $15,000	NA	NA	
	RAYMOND JAMES IRA	$50,001 - $100,000	NA	NA	Split From Existing IR
	RAYMOND JAMES IRA (BRANDES)	$100,001 - $250,000	NA	NA	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	RAYMOND JAMES IRA	$100,001 - $250,000	NA	NA	
	RAYMOND JAMES IRA	$250,001 - $500,000	NA	NA	
SP	CRESCENT STATE BANK	$1,001 - $15,000	Dividends	None	
SP	AT&T CORP	$50,001 - $100,000	Dividends	$201 - $1,000	
SP	AIRTOUCH COMMUNICATIONS	None	Dividends	None	Merger Between Vndafone & Airtouch Comm
SP	ALAMANCE NATIONAL BANK	$1,001 - $15,000	Dividends	None	
SP	AMERITECH CORP	None	Dividends	$201 - $1,000	Merged With SBC Communications
SP	AMOCO CORP	$50,001 - $100,000	Dividends	$1,001 - $2,500	
SP	ANHEUSER BUSCH COMPANIES	$250,001 - $500,000	Dividends	$5,001 - $15,000	
SP	BELL ATLANTIC CORP	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	BELL SOUTH CORP	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	CAROLINA FIRST BANCSHARES, INC.	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	CATAWBA VALLEY BANK	$15,001 - $50,000	Dividends	None	
SP	CITIGROUP, INC.	$100,001 - $250,000	Dividends	$1,001 - $2,500	
SP	CORRECTIONS CORP OF AMERICA	$1,001 - $15,000	Dividends	None	Sold - Named Changed To Prison Realty Corp.
SP	EARTHGRAINS CO.	$1,001 - $15,000	Dividends	$1 - $200	
SP	FIRST SAVINGS BANCORP	$1,001 - $15,000	Dividends	$201 - $1,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	FIRST WESTERN BANK	$1,001 - $15,000	Dividends	None	
SP	GTE CORP	$100,001 - $250,000	Dividends	$2,501 - $5,000	
SP	GENERAL ELECTRIC CO.	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	LUCENT TECHNOLOGIES, INC.	$50,001 - $100,000	Dividends	$1 - $200	
SP	MEDIAONE GROUP, INC.	$1,001 - $15,000	Dividends	None	
SP	SBC COMMUNICATIONS, INC.	$50,001 - $100,000	Dividends	$201 - $1,000	Merger Between SBC Communications and Ameritech Corp
SP	US WEST INC., NEW	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	VODAFONE AIRTOUCH PLC	$15,001 - $50,000	Dividends	None	Merger Between Vodafone & Airtouch Comm
SP	CHARLOTTE-MECK HOSP AUTH, DUE 1/15/22	$15,001 - $50,000	Interest	$201 - $1,000	
SP	NC MUNI PWR AGY, 6.5% BOND	$1,001 - $15,000	Interest	$201 - $1,000	
SP	NC MUNI PWR AGY #1, 6.5% BOND	$15,001 - $50,000	Interest	$1,001 - $2,500	
SP	NEWTON NC SAN SWR	$1,001 - $15,000	Interest	$201 - $1,000	
SP	BLUE RHINO CORP	$1,001 - $15,000	Dividends	None	P
JT	MFS MUNICIPAL INCOME TRUST	None	Dividends	$1,001 - $2,500	P AND S
	BRADFORD CAPITAL MGT	$15,001 - $50,000	Interest	$1,001 - $2,500	NameChanged From Bradford Money Fund
	MEDTECH	$1 - $1,000	Dividends	None	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	ESPERANCE POINT #1-H WELL	Project Was Terminated	12/31/99	$1,001 - $15,000
	AIR PRODUCTS & CHEMICALS	Sold	11/5/99	$1,001 - $15,000
	BANK ONE CORPORATION	Sold	11/12/99	$15,001 - $50,000
	FRESH FOODS	Purchase	6/24/99	$1,001 - $15,000
	NORFOLK SOUTHERN CORPORATION	Sold	11/5/99	$1,001 - $15,000
	NEWELL RUBBERMAID INC.	Sold	9/8/99	$1,001 - $15,000
	TYCO INTERNATIONAL LIMITED (NEW)	Purchase	11/5/99	$1,001 - $15,000
	COMMSCOPE INCORPORATED	Purchase	3/25/99	$1,001 - $15,000
	WALGREEN COMPANY	Sold	4/20/99	$1,001 - $15,000
	CPC INTERNATIONAL	Sold	3/29/99	$1,001 - $15,000
	ARMSTRONG WORLD INDUSTRIES, INC.	Sold	2/17/99	$1,001 - $15,000
	MOBIL CORPORATION	Merged With Exxon Corp.	12/31/99	$1,001 - $15,000
	CONAGRA INCORPORATED	Sold	6/30/99	$1,001 - $15,000
	PHILIP MORRIS COMPANIES, INC.	Sold	2/11/99	$1,001 - $15,000
	THE WILLIAMS COMPANIES, INC. DELAWARE	Sold	11/5/99	$1,001 - $15,000
	HALLIBURTON COMPANY	Purchase	3/10/99	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	*Mega Corporation Common Stock*	*Purchase*	*10/12/1999*	*$15,001 - $50,000*
	INTEL CORPORATION	Purchase	6/24/99	$1,001 - $15,000
	TIMKEN COMPANY	Purchase	4/15/99	$1,001 - $15,000
	MUNDER NET NET FUND CL A	Purchase	5/12/99	$1,001 - $15,000
	MUNDER NET NET FUND CL A	Sold	8/4/99	$1,001 - $15,000
	ANHEUSER BUSCH COMPANIES, INC.	Purchase	11/12/99	$1,001 - $15,000
	CONCENTRIC NETWORK CORP (DELAWARE	Purchase	11/8/99	$1,001 - $15,000
	FEDERAL NATIONAL MORTGAGE ASSOC.	Purchase	11/12/99	$1,001 - $15,000
	SIEBEL SYSTEMS INCORPORATED	Purchase	7/27/99	$1,001 - $15,000
SP	WR GRACE & CO. NEW DELA	Sold	5/5/99	$15,001 - $50,000
SP	CATAWBA CNTY NC HOSP 5.2% BOND	Sold	10/1/99	$1,001 - $15,000
SP	PHOENIX MIDCAP PFT CL A	Purchase	12/22/99	$1,001 - $15,000
SP	COMM SCOPE, INC.	Purchase	5/10/99	$1,001 - $15,000
SP	AIRTOUCH COMMUNICATIONS	Merged With Vodafone	6/30/99	$1,001 - $15,000
SP	AMERITECH CORP	Merged With SBC Comm.	6/30/99	$15,001 - $50,000
SP	PRISON REALTY CORP	Sold	5/4/99	$1,001 - $15,000
JT	MFS MUNICIPAL INCOME TRUST	Purchase	6/7/99	$50,001 - $100,000

Name THOMAS CASS BALLENGER

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SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
JT	MFS MUNICIPAL INCOME TRUST	Sold	12/17/99	$15,001 - $50,000
SP	BLUE RHINO CORP	Purchase	5/4/99	$1,001 - $15,000
	RAYMOND JAMES IRA	Split From Existing IRA	6/30/99	$50,001 - $100,000

Name THOMAS CASS BALLENGER

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SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	None		

Name Thomas Cass Ballenger | Page 1 of 1

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.
Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.
Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Name THOMAS CASS BALLENGER | Page 1 of 3

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
PLASTIC PACKAGING, INC.	MARCH 19-22	WASH., D.C. - HICKORY, NC - WASH., D.C.	N	N	Y	N

Name THOMAS CASS BALLENGER

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
PLASTIC PACKAGING, INC.	JUNE 11-14	WASH., D.C. - HICKORY, NC - WASH., D.C.	N	N	Y	N

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug. 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
PLASTIC PACKAGING, INC.	SEPTEMBER 17-21	WASH., D.C. - HICKORY, NC - WASH., D.C.	N	N	Y	N

Name THOMAS CASS BALLENGER | Page 1 of 1

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
CHAIRMAN OF THE BOARD	PLASTIC PACKAGING, INC.
LIMITED PARTNER	ASSOCIATED APARTMENT INVESTORS
LIMITED PARTNER	OAK PLANTATION ASSOCIATED, LTD.
LIMITED PARTNER	DYCO PETROLEUM

Name THOMAS CASS BALLENGER

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
JANUARY 15, 1998	SEE ATTACHED LETTER	EARNED INCOME EXEMPTION

CASS BALLENGER
10TH DISTRICT, NORTH CAROLINA
DEPUTY MAJORITY WHIP
REPUBLICAN STEERING COMMITTEE

COMMITTEE ON EDUCATION AND THE WORKFORCE
SUBCOMMITTEE ON WORKFORCE PROTECTIONS (CHAIRMAN)
EMPLOYER-EMPLOYEE RELATIONS

INTERNATIONAL RELATIONS COMMITTEE
SUBCOMMITTEE ON WESTERN HEMISPHERE
SUBCOMMITTEE ON INTERNATIONAL OPERATIONS AND HUMAN RIGHTS

Congress of the United States
House of Representatives
Washington, DC 20515–3310

2182 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–3310
202–225–2576
cass.ballenger@mail.house.gov

DISTRICT OFFICES:
P.O. BOX 1820
361–10TH AVENUE DRIVE, NE
HICKORY, NC 28603
704–327–4100
1–800–477–2576 TOLL FREE

P.O. BOX 1881
2554 LEWISVILLE-CLEMMONS ROAD
SUITE 107
CLEMMONS, NC 27012
910–766–9435

January 15, 1998

The Honorable James V. Hansen
Chairman
Committee On Standards of Official Conduct
HT2 Capitol
Washington, D. C. 20515

Dear Mr. Chairman:

I am writing to request clarification on the rules governing outside earned income as it relates to a consulting fee I currently receive from my company (see attached letters and replies), as well as a new fringe benefit my company has agreed to offer to me.

As you can see from the attached letters, I have been permitted to receive $20,000 per year for as much as 400 hours of consulting services on implementation of corporate policy decisions. Plastic Packaging, Inc., a company I founded and in which I have controlling interest, is my prinicpal family investment, and I view it important to remain associated with the business to assure that my investment is protected. In previous reponses from the Committee, this annual amount has not been counted as outside earned income for the purposes of the limitation in Rule XLVII.

Now, in recognition of the services I provide to my company, it has agreed to sponsor a life insurance benefit for me. The life insurance benefit consists of life insurance on my life alone, and life insurance that matures upon the death of the survivor of myself and my wife, Donna. The life insurance benefit is structured under what is known as a Split-Dollar Plan.

The economic benefit that is represented by the life insurance under the Split-Dollar Plan will be reported as income for tax purposes. The value of the benefit for 1997 is approximately $9,500. Given the earlier determination by the Committee as it relates to the $20,000 consulting fee, may I accept the $9,500 without violating the outside earned income limitation of $20,040? I would appreciate advice relative to this matter for calendar year 1997 and beyond.

If you have questions or need clarification on any point, please call me or have your staff

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The Honorable James V. Hansen
January 15, 1998
Page 2

contact my Chief-of-Staff, Patrick Murphy, at 52576. Thank you for your prompt attention to this matter.

Sincerely,

Cass

CASS BALLENGER
Member of Congress

CB:pm

Enclosures (3)

JAMES V. HANSEN, UTAH
CHAIRMAN

LAMAR SMITH, TEXAS
JOEL HEFLEY, COLORADO
BOB GOODLATTE, VIRGINIA
JOE KNOLLENBERG, MICHIGAN

ONE HUNDRED FIFTH CONGRESS

U.S. House of Representatives

COMMITTEE ON STANDARDS OF
OFFICIAL CONDUCT

Washington, DC 20515–6328

HOWARD L. BERMAN, CALIFORNIA
RANKING DEMOCRATIC MEMBER

MARTIN OLAV SABO, MINNESOTA
ED PASTOR, ARIZONA
CHAKA FATTAH, PENNSYLVANIA
ZOE LOFGREN, CALIFORNIA

SUITE HT-2, THE CAPITOL
(202) 225-7103

February 20, 1998

FEB 25 1998

The Honorable Cass Ballenger
U.S. House of Representatives
2182 Rayburn House Office Building
Washington, DC 20515

Dear Colleague:

This responds to your letter of January 15, 1998 regarding your earned income from Plastic Packaging, Inc., a company that you founded and in which you have the controlling interest. In substance, the question posed in your letter is whether you may accept from the company, in addition a $20,000 per year consulting fee, a life insurance benefit that the company is sponsoring for you in recognition of your services to the company. Your letter states that the benefit is structured under a Split-Dollar Plan, the economic benefit of which is reported as income for tax purposes, and that the value of the benefit for 1997 is approximately $9,500.

As your letter recognizes, while the outside earned income of Members and senior staff is limited by both statute and House rule[1], clause 4(e) of House Rule 47 explicitly excepts a number of items from the definition of the term "outside earned income," and hence from the outside earned income limitation. One part thereof, clause 4(e)(4), provides an exception for income from a family business in the following circumstances:

> in the case of a Member, officer or employee engaged in a trade or business in which the individual or his family holds a controlling interest and in which both personal services and capital are income-producing factors, any amount received by such individual so long as the personal services actually rendered by the individual in the trade or business do not generate a significant amount of income.

Thus this provision excepts from the outside earned income limit amounts that a Member receives from a business where three requirements are satisfied: (1) the Member or his family holds a controlling interest in the business, (2) the nature of the business is such that both personal services and capital are income-producing factors, and (3) the personal services that the Member renders for the business are of a nature that they do not generate a significant amount of money. The intent of this provision, as reflected in the report of the House Commission on Administrative Review, was that,

[1] 5 U.S.C. app. 4 §501(a); House Rule 47, cl. 1(a).

> Members should be able to render personal services to manage or protect their equity in a family trade or business, without having to allocate these personal services toward the 15-percent limitation.

H.Doc. 95-73, 95th Cong., 1st Sess. (Feb. 14, 1977).

In letters to you of February 25, 1987 and October 27, 1990, copies of which you attached to your current letter, the Committee determined the provision's requirements were satisfied with regard to Plastic Packaging and the consulting services (of up to 400 hours per year) that you render for the company, and that hence the $20,000 per year fee that you receive for those services would not be counted toward the outside earned income limit.[2] Both of those letters reflected the Committee's view that your limited efforts in behalf of the company appeared to be aimed at preserving your equity in the company, consistent with the intent of the provision, rather than generating income for the company.

The Committee understands from your current letter that you continue to have the controlling interest in Plastic Packaging. In view of the Committee's prior determinations regarding your consulting fee from the company, the economic benefit of the Split-Dollar Plan life insurance that the company is sponsoring for you, as described in your letter, likewise need not be counted as outside earned income for purposes of the outside earned income limit – provided, however, that there has been no significant change since 1990 in either the nature of the business of Plastic Packaging, or the nature or level of the services that you render for the company. If any such changes have occurred, you should contact the Committee for further advice. Otherwise, the economic benefit of the life insurance, like your consulting fee, should be reported on your annual Financial Disclosure Statement.

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

James V. Hansen
Chairman

Howard L. Berman
Ranking Democratic Member

---

[2] The Committee's letter of October 27, 1990 also reflected the Committee's determination that the consulting fee you receive from the company does not violate the "fiduciary relationship" provisions of the Ethics in Government Act and the House rules that took effect of January 1, 1991. 5 U.S.C. app. 4 §502(a); House Rule 47, cl. 2.

718 Cannon House Office Building
Washington, DC 20515
202-225-2576

COMMITTEES:
EDUCATION AND LABOR
PUBLIC WORKS AND TRANSPORTATION

Congress of the United States
House of Representatives
Washington, DC 20515

Salisbury, NC 28144
704-637-4100

P.O. Box 576
418 South Church
Cherryville, NC 28021
704-435-6822

March 20, 1990

The Honorable Julian Dixon
Chairman
The Committee on Standards of
Official Conduct
HT-2, U.S. Capitol
Washington, D.C. 20515

Dear Julian:

I would appreciate clarification on limitations on outside earned income as it relates to a consulting fee I currently receive (see attached letter) from my company, in light of the changes mandated by the Ethics Reform Act of 1989 (Public Law 101-194).

As you can see from the attached letter, I have been permitted to receive $20,000 per year for as much as 400 hours of consulting services on implementation of corporate policy decisions. Plastic Packaging, Inc., a company I founded and in which I have controlling interest, is my principal family investment and I view it important to remain associated with the business to assure that my investment is protected.

Please advise me relative to any exemption of these fees from the limits on outside income for calendar year 1990 as prescribed under clause 2(b)(1) of House Rule XLVII as revised by Public Law 101-194. Further, I would appreciate advice relative to this matter for calendar year 1991 and beyond.

If you have questions or need clarification on any point, please call me or have your staff contact my administrative assistant, Patrick Murphy, at 225-2576.

Thank you for your prompt attention to this matter.

Sincerely,

Cass Ballenger

CASS BALLENGER
Member of Congress

CB:pm

Enclosure

U.S. House of Representatives

COMMITTEE ON STANDARDS OF
OFFICIAL CONDUCT

Washington, DC 20515

February 25, 1987

The Honorable Cass Ballenger
United States House of Representatives
116 Cannon House Office Building
Washington, D. C. 20515

Dear Colleague:

This is in response to your letter of January 16, 1987, requesting the advice of this Committee regarding the propriety of your receipt of certain compensation from Plastic Packaging, Inc. Your correspondence elaborates on information provided in an earlier meeting with Committee Counsel Mark Davis.

You explain that you served as President of Plastic Packaging, Inc., from its founding in 1956 until your election to the House of Representatives. While you remain the majority stockholder and Chairman of the Board, you no longer have day-to-day operating responsibilities. In lieu of the salary previously paid to you, Plastic Packaging, Inc., intends to pay you $20,000 per year for as much as 400 hours of consulting services on implementation of corporate policy decisions. You further explain that Plastics Packaging, Inc., is your principal family investment, and you view it important to remain associated with the business to assure that your investment is protected.

The provision implicated by your inquiry is House Rule XLVII, which limits the amount of outside earned income which a Member of the House of Representatives may receive in a calendar year to 30 percent of the Member's aggregate yearly congressional salary. As provided in the Rule, the term "outside earned income" means "wages, salaries, professional fees, honoraria, and other amounts ... received as compensation for personal services actually rendered." Several exemptions are noted, however. Clause 3(d)(4) of Rules XLVII specifically states that outside earned income does not include--

> in the case of a Member engaged in a trade or business in which the Member or his family holds a controlling interest and in which both personal services and capital are income-producing factors, any amount received

The Honorable Cas Ballenger
February 25, 1987
Page 2

> by such Member so long as the personal services actually rendered by the Member in the trade or business do not generate a significant amount of income.

The Committee is of the opinion that the services you will be performing for Plastic Packaging, Inc., and compensation in the amount specified, fall within the stated exemption. The purpose of the exemption, as stated by the Commission on Administrative Review of the 95th Congress, is to enable Members to protect their interest in a family business. (See, House Document 95-73, p. 11; see also, Advisory Opinion No. 13, House Select Committee on Ethics, 95th Congress.) Further evidence of the fact that your efforts are aimed at preserving your equity, rather than generating a significant amount of income, is the limited time you plan to devote to the business. The Committee also notes that the amount of compensation you will be receiving from the corporation is substantially less than that reported for prior years on the Financial Disclosure Statement which you filed as a candidate.

While this compensation will not be counted as outside earned income for the purposes of the limitation in Rule XLVII, please note that it still must be reported on the Financial Disclosure Statement you are required to file as a Member of the House of Representatives by May 15th of each year. For purposes of clarity, we suggest that you note on the Statement that this income is from a family business and exempt from application of Rule XLVII.

If you have any further questions concerning this matter, please contact the Committee staff at extension 5-7103.

Sincerely,

Julian C. Dixon
Chairman

Floyd D. Spence
Ranking Minority Member

JS:MJD

WILLIAM G. BOSLER, OHIO, RANKING MINORITY MEMBER
NANCY L. JOHNSON, CONNECTICUT
HELEN DELICH BOSLEY, KENTUCKY
JAMES V. HANSEN, UTAH
BILL GRADISON, OHIO
HELEN DELICH BOSLEY, KENTUCKY
JAMES V. HANSEN, UTAH
BILL GRADISON, OHIO
DAN BURTON, INDIANA
JOHN T. MYERS, INDIANA
GERALD B. H. SOLOMON, NEW YORK
WILLIAM E. DANNEMEYER, CALIFORNIA
BILL BARRETT, NEBRASKA
JOHN EDWARD PORTER, ILLINOIS
JOSEPH M. GAYDOS, PENNSYLVANIA
CHESTER G. ATKINS, MASSACHUSETTS
(202) 225-7103

U.S. House of Representatives

Committee on Standards of Official Conduct
Suite HT-2, U.S. Capitol
Washington, DC 20515

LARRY L. DICKS, CHIEF COUNSEL
HELD GRANDT, IOWA
RALPH L. LOTTER, CHIEF COUNSEL

October 27, 1990

The Honorable Cass Ballenger
U.S. House of Representatives
218 Cannon House Office Building
Washington, D. C. 20515

Dear Colleague:

This is in response to your letter requesting clarification of the limitations on outside earned income as it relates to a consulting fee you receive from your company. The Committee originally addressed this matter in a letter of February 25, 1987, a copy of which you enclosed with your correspondence.

You explain that while a Member of the House you have accepted $20,000 per year from Plastic Packaging, Inc., for as much as 400 hours of consulting services on implementation of corporate policy decisions. You founded the company and have retained controlling interest in it. It is your principal family investment and you continue to view it important to remain associated with the business to assure that your investment is protected. Consistent with Committee advice, this income has not been treated as subject to the earned income limit of House Rule XLVII. In light of the changes mandated by the Ethics Reform Act of 1989 (P.L. 101-194 as amended by P.L. 101-280), you ask if the Committee's earlier advice continues to apply to your situation.

In 1987, you told the Committee that you were Chairman of the Board of Plastic Packaging, Inc., in addition to being majority stockholder. Your Administrative Assistant, Patrick Murphy, has informed Committee Counsel Mark Davis that this continues to be the case. While the corporation does provide you with transportation to attend board meetings, you receive no compensation other than the $20,000 consulting fee.

Several provisions of Federal law and House rules, as amended by the Ethics Reform Act of 1989, are relevant to your inquiry. Members of the House are limited in the amount of outside earned income they may receive in a calendar year by House Rule XLVII. For calendar year 1990, the outside earned income limit is 30 percent of the aggregate yearly congressional salary paid in 1989, or $26,850. House Rule XLVII, clause 1(b)(1). For calendar years after 1991, the earned income limit

will be 15 percent of the January 1 rate of pay in effect for level II of the Executive Schedule (the same rate at which House Members are paid). House Rule XLVII, clause 1(a)(2); see also section 501(a) of the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 7, §501(a), hereinafter cited as "EIGA".

"Outside earned income" is defined in Rule XLVII, clause 3(e), to mean "wages, salaries, fees, and other amounts received or to be received as compensation for personal services actually rendered." Several exemptions are noted, however. Clause 3(e)(4) of Rule XLVII specifically states that outside earned income does not include—

> [I]n the case of a Member engaged in a trade or business in which the Member or his family holds a controlling interest and in which both personal services and capital are income-producing factors, any amount received by such Member so long as the personal services actually rendered by the Member in the trade or business do not generate a significant amount of income.

Even if compensation is consistent with the definition of "outside earned income" or falls within one of the stated exemptions, certain activities for compensation will be totally prohibited by Federal law and House Rule XLVII beginning January 1, 1991. Section 502 of EIGA (5 U.S.C. app. 7, §502), provides, in pertinent part, that Members of the House, as well as other senior government officials, shall not —

> (1) receive compensation for affiliating with or being employed by a firm, partnership, association, corporation, or other entity which provides professional services involving a fiduciary relationship;
>
> (2) permit that Member's . . . name to be used by any such firm, partnership association, corporation, or other entity;
>
> (3) receive compensation for practicing a profession which involves a fiduciary relationship; [or]
>
> (4) serve for compensation as an officer or member of the board of any association, corporation, or other entity.

See also House Rule XLVII, clause 2.

The statute does not define what constitutes "professional services which involve a fiduciary relationship." That determination has been left to this Committee with respect to House Members and staff, pursuant to its authority under sections 503(1)(A) and 504(b) of EIGA (5 U.S.C. app. 7, §§503(a)(A) and 504(b)). See Report of the House Bipartisan Task Force on Ethics on H.R. 3660, p. 16, Cong. Rec. (daily ed.), Nov. 21, 1989, H9257.

The legislative history of the Ethics Reform Act suggests the primary objectives behind enactment of the prohibition on the paid practice of a profession which involve a fiduciary relationship. The first was to prevent any conflict between the responsibility of a public official to act for the common good and the obligation which would be owed a private client paying compensation. The second was to make certain that official position was not being used for private gain. The third objective was to "ensure that honoraria not reemerge in various kinds of professional fees from outside interests." See Task Force Report, supra, pp. 15-16.

To determine whether employment in which a Member proposes to engage is prohibited under the statute, the Committee is looking at more than the title of the position and the kind of services typically performed by those in the occupation. Subject to further legislative guidance, the Committee is evaluating the nature and circumstances of each individual's particular employment on a case-by-case basis in light of the objectives of the Ethics Reform Act.

With respect to your services for Plastic Packaging, Inc., you are serving as Chairman of the Board but are receiving no compensation other than the consulting fee. (Your receipt of travel expenses to attend board meetings is not considered compensation.) You were paid by Plastic Packaging prior to your election to the House of Representatives, but the $20,000 consulting fee is significantly less than you had been receiving. In addition, the payment is consistent with the policy enunciated in House Rule XLVII to permit a Member to accept compensation to protect his interest in a family business. Your limited efforts appear aimed at preserving your equity, rather than generating income for the company. Such continuing service related to a family-controlled business suggests neither a significant conflict between public and private obligations, nor accrual of a benefit on account of your status as a Member of Congress. Furthermore, payments to you are not in consideration of speeches, appearances, or articles.

Based on the above considerations, we are of the opinion that the services you perform for Plastic Packaging, Inc., and the specified compensation you receive, continue to fall within the cited exemption in House Rule XLVII. Furthermore, your

receipt of this compensation will not be prohibited after January 1, 1991, since we do not view you as performing "professional services involving a fiduciary relationship" for the purposes of section 502 of EIGA and House Rule XLVII.

While this compensation will not be counted as outside earned income for the purposes of the limitation in Rule XLVII, please note that it still must be reported on the Financial Disclosure Statement you are required to file as a Member of the House of Representatives by May 15th of each year.

As stated above, this opinion is subject to reconsideration based on subsequent enactment of legislation or rule changes. If you have any further questions concerning this matter, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

Julian C. Dixon
Chairman

John T. Myers
Ranking Minority Member

JS:MJD

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
3) 00 MAY 10 AM 11:55
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC INSIDE MAIL
(Office Use Only)

Hon. James A. Barcia
(Full Name)

2419 Rayburn
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-8171

Filer Status	[X] Member of the U.S. House of Representatives	State: MI District: 05	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	J. Barcia	May 9, 2000

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp Stock SP 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Citizens Bank	$15,001 - $50,000	Interest	$201 - $1,000	
	Michigan Employment Retirement System	$100,001 - $250,000	Retirement	None	
	Michigan Deferred Compensation Plans	$15,001 - $50,000	Retirement	None	
	Michigan National Bank Accounts	$15,001 - $50,000	Interest	$1 - $200	
	40 Acres Bordaux Road, Standish, Michigan	$15,001 - $50,000	Property	None	
JT	Copco Credit Union	$15,001 - $50,000	Interest	$1,001 - $2,500	
JT	Comnerica Inc. - Stocks	$15,001 - $50,000	Dividends	None	

Name Hon. James A. Barcia | Page 3 of 3

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Fahne Stock Prime Cash Series	$1,001 - $15,000	Dividends	$1 - $200	
JT	Immunex - Stocks	$15,001 - $50,000	Dividends	$201 - $1,000	
JT	Washington Mutual Investors	$1,001 - $15,000	Dividends	$1 - $200	

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

00 JUN 14 PM 2:46

00 JUN 14

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(8)

MC HAND DELIVERED
(Office Use Only)

BOB BARR
(Full Name)

1207 LONGWORTH
(Mailing Address)

202/225-2931
Daytime Telephone

WASHINGTON, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives — State: GA Distnct: 07	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you heve any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	[signature]	6/14/00

Name BOB BARR | Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source other than the filer's current employment in the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Maine State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$5,000
	Civil War Roundtable (Col. 2nd)	Spouse Salary	$ 1,000
	Ontario County Board of Education	Spouse Salary	N/A
	COBB FAMILY RESOURCES, INC, MARIETTA, GA 30064	SPOUSE SALARY	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name: Bob Barr — Page 3 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned by the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

Examples: SP — Mega Corp. Stock; DC — Simon & Schuster; JT — 1st Bank of Paducah, KY account

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction. Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	Transaction
	IRA Suntrust Securities	X ($15,001 – $50,000)	X (Interest)	N/A	E
JT	Cash, Suntrust Bank	X ($1,001 – $15,000)	X (Interest)	X ($1 – $200)	
JT	Cash – Granada Campus Marietta, GA	X ($1,001 – $15,000)	X (Interest)	X ($1 – $200)	
SP	Annuity, Lincoln Life	X ($15,001 – $50,000)	X (Interest)	N/A	
SP	IRA Lincoln Life	X ($1,001 – $15,000)	X (Interest)	N/A	
SP	IRA Lincoln Life	X ($15,001 – $50,000)	X (Interest)	N/A	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BOB BARR

Page 4 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
JT	CR. UNION, CONGRESSIONAL		X												X							X									

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Name BOB BARR | Page 5 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example. First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	CONGRESSIONAL CREDIT UNION	CREDIT CARD LOAN		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name BOB BARR | Page 6 of 8

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Awakenings	Jan. 8-10	Atlanta - Sea Island - Atlanta	Y	N	Y	N
	CORE	Jan. 18-19	Wash., DC - NY - Wash. DC	Y	N	N	N
	GOP Abroad	Jan. 29	Atlanta - Wash. DC - Atlanta	N	N	N	N
	American Textile Manufacturers	Mar. 4	Wash. DC - NY - Wash. DC	N	N	N	N
	National Court Reporters	Mar. 26-28	Atlanta - San Fran. - Atlanta	Y	N	Y	N
	Columbiana County GOP	Apr. 9-10	Atlanta - Akron - Atlanta	Y	N	N	N
	Asheville GOP	Apr. 24	Atlanta - Asheville - Atlanta	N	N	N	N
	Council National Policy	Apr. 30	Wash. DC	Y	N	Y	N
	Conservative Caucus	May 8	Atlanta - DC - Atlanta	N	N	N	N
	John Birch Society	May 14-16	Atlanta - DALLAS - Atlanta	Y	N	Y	N
	Meet the Press, NBC	May 22-23	Atlanta - Wash DC - Atlanta	Y	N	N	N
	Jim Quinn Radio Show	July 16-17	Atlanta - Pittsburg - Akron	Y	N	Y	N
	Patrick Henry Society	July 17-18	Akron - Atlanta	Y	N	Y	N
	Idaho Falls Eagle Forum	Aug. 27-29	Atlanta - Idaho Falls - Atlanta	Y	N	Y	N

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Name Bob Barr | Page 7 of 8

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Center for Study of Popular Culture	Sept. 4-5	Atlanta - Colorado Springs - Atl.	Y	N	Y	N
Center for Constutional Studies	Sept. 11-12	Atlanta - New Hampshire	Y	N	Y	N
Hillsdale College	Sept. 12-13	New Hampshire - Michigan - Washington	Y	N	Y	N
Second Amendment Center	Sept. 18-19	Atlanta - St. Louis - Atlanta	Y	N	Y	N
National Rifle Assn.	Sept. 25&26	Atlanta - Wash. DC - Atlanta	Y	N	N	N
National Rifle Association	Oct. 3	Atlanta - NY - Atlanta	N	N	N	N
Nat'l Federation Republican Assemblies	Oct. 9-10	Atlanta - Kansas City - Atlanta	Y	N	Y	N
Verein zur Forderung (VPM)	Dec 3-8	Atlanta - Zurich - Atlanta	Y	N	Y	N
Republicans Abroad	Dec 7	Zurich - Geneva - Zurich	N	N	Y	N
UVA Debate Society	Dec. 9-10	Wash DC - Charlottesville - Wash DC	Y	Y	Y	N

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Name BOB BARR	Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
BOARD MEMBER	NATL. RIFLE ASSN. of AMERICA
BOARD MEMBER	FEDERALIST SOCIETY ADVISORY BD., ATLANTA
BOARD MEMBER	WASHINGTON LEGAL FDTN., NATL. ADVISORY BD.
PRESIDENT	THE BARR LAW FIRM, INACTIVE P.C.
Board Member	Center for Individual Liberty (Patrick Henry Center), Advisory Bd (Patrick Henry)
Board Member	Texas Review of Law and Politics, Advisory Bd.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 52-753 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

Thomas M. Barrett
(Full Name)
5030 W Washington Blvd
(Mailing Address)
Milwaukee WI 53208
Daytime Telephone 202-225-3571

Filer Status	☒ Member of the U.S. House of Representatives — State: ____ District: ____	☐ Officer or Employee	Employing Office: ____
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date: ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☑ No ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date *(Month, Day, Year)*
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Thomas M. Barrett	5/15/00

Name Thomas M. Barrett | Page 2 of 13

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	N/A Congressional Salary Sole Source of Earned Income	N/A	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$ 500
	K-Mart Corporation	K-Mart Kids Race Against Drugs	9/22/99	$500.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None"	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description iin this block.	BLOCK D **Amount of Income** For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Bone Care Intl, Inc. Stock	$1,001 - $15,000	Capital Gains	$1,001 - $2,500	
	Cisco Systems, Inc. Stock	$15,001 - $50,000	Capital Gains	$15,001 - $50,000	
	C-Cube Microsystems Stock	$15,001 - $50,000	Capital Gains	$2,501 - $5,000	
	Minimed, Inc. Stock	$1,001 - $15,000	Capital Gains	$1,001 - $2,500	
	Sun Microsystems, Inc. Stock	$15,001 - $50,000	Capital Gains	$15,001 - $50,000	
	Tellabs, Inc. Stock	$15,001 - $50,000	Capital Gains	$5,001 - $15,000	
DC	Southern Company Stock (son Tom's stock)	$1,001 - $15,000	Dividends, Cap. Gains	$201 - $1,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

DC	Southern Company Stock (daughter Annie's stock)	$1,001 - $15,000	Dividends, Cap. Gains	$201 - $1,000	
DC	Southern Company Stock (daughter Erin's stock)	$1,001 - $15,000	Dividends, Cap. Gains	$201 - $1,000	
	Medtronic, Inc	$1,001 - $15,000	Capital Gains	None	
	AT&T Corporation	None	Dividend	$1 - $200	
	International Business Machines Corporation	None	Dividend	$1 - $200	
	Medtronic, Inc.	$1,001 - $15,000	Dividend	$1 - $200	
	Pfizer Incorporated	None	Dividend	$1 - $200	
	Baird & Company General Money Market	$1 - $1,000	Dividend	$1 - $200	
	American Funds Group Mutual Fund	$15,001 - $50,000	Dividends, Cap. Gains	$2,501 - $5,000	
	American Funds Roth IRA (Tom)	$1,001 - $15,000	Dividends	$201 - $1,000	
	Equivest Fund Standard Roth IRA (Tom)	$1,001 - $15,000	Interest	$201 - $1,000	
	Equivest Fund Traditional IRA (Tom)	$50,001 - $100,000	Interest	$5,001 - $15,000	
SP	Equivest Fund Roth IRA (wife)	$1,001 - $15,000	Interest	$201 - $1,000	
	Stable Value Fund (formerly Gr. West Life) (Dfrd. Comp.)	$15,001 - $50,000	Interest	$1,001 - $2,500	
	Vanguard Inst. Index (Dfrd. Comp.)	None	Dividends, Cap. Gains	$2,501 - $5,000	
	Vanguard Inst. Index Plus (Dfrd. Comp.)	$15,001 - $50,000	Dividends, Cap. Gains	$2,501 - $5,000	
	Janus Fund (Dfrd. Comp.)	$50,001 - $100,000	Dividends	$15,001 - $50,000	
	DFA US 9-10 Small Co. (Dfrd. Comp.)	$1,001 - $15,000	Cap. Gains	$1,001 - $2,500	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Fidelity Contra Funds (Dfrd. Comp.)	$15,001 - $50,000	Cap. Gains	$5,001 - $15,000	
SP	Aetna Annuity (wife's)	$1,001 - $15,000	Interest	$201 - $1,000	
	Wisconsin Retirement System (separation value) (income estimated)	$15,001 - $50,000	Interest	$1,001 - $2,500	
SP	Wisconsin Retirement System (wife's)	$15,001 - $50,000	Interest	$201 - $1,000	
	Educators Credit Union Money Market Fund	None	Dividends	$201 - $1,000	
	Educators Crdit Union Certificate of Deposit	None	Dividends	$201 - $1,000	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	ADC Telecom, Inc.	Sold	8/26/99	$1,001 - $15,000
	AT&T Corporation	Purchase	1/8/99	$1,001 - $15,000
	AT&T Corporation	Sold	5/27/99	$1,001 - $15,000
	AT&T Corporation	Purchase	3/4/99	$1,001 - $15,000
	AT&T Corporation	Sold	5/27/99	$1,001 - $15,000
	America On Line	Purchase	4/28/99	$1,001 - $15,000
	America On Line	Sold	5/21/99	$1,001 - $15,000
	Cisco Systems, Inc.	Sold	3/10/99	$1,001 - $15,000
	Guidant Corporation	Purchase	5/21/99	$1,001 - $15,000
	Guidant Corporation	Sold	12/7/99	$1,001 - $15,000
	Info Seek Corporation	Purchase	4/16/99	$1,001 - $15,000
	Info Seek Corporation	Sold	4/28/99	$1,001 - $15,000
	International Business Machine	Sold	3/19/99	$1,001 - $15,000
	Norstan, Inc.	Sold	3/2/99	$1,001 - $15,000
	Pfizer, Inc.	Purchase	3/22/99	$1,001 - $15,000
	Pfizer, Inc.	Purchase	5/28/99	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	Pfizer, Inc.	Sold	11/5/99	$1,001 - $15,000
	Saville Systems Plc Adr E Stock	Sold	3/4/99	$1,001 - $15,000
	Charles Schwab Corporation	Purchase	3/31/99	$1,001 - $15,000
	Charles Schwab Corporation	Sold	4/15/99	$1,001 - $15,000
	Bone Care International, Inc.	Purchase	3/2/99	$1,001 - $15,000
	Bone Care International, Inc.	Purchase	3/4/99	$1,001 - $15,000
	C-Cube Microsystms, Inc.	Purchase	11/5/99	$1,001 - $15,000
	Medtronic, Inc.	Purchase	8/26/99	$1,001 - $15,000
	Minimed, Inc.	Purchase	12/09/99	$1,001 - $15,000
	Sun Microsystems, Inc.	Purchase	5/28/99	$1,001 - $15,000
	Vanguard Inst. Index Plus (Drfd Comp)	Purchase	9/11/99	$1,001 - $15,000
	Educators Credit Union Money Market	Sold	7/26/99	$50,001 - $100,000
	Educators Credit Union Certificate of Deposit	Sold	6/1/99	$15,001 - $50,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts only if the balance at the close of preceding calendar year

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	N/A		

Name	Page 10 of 13

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.
Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.
Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example. Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
N/A			N	N	N	

Name	Page 12 of 13

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
N/A	

Name	Page 13 of 13

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by e former or current employer other than the U S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 15 PM 4:39
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U. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
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(9)

WILLIAM E. BARRETT
(Full Name)

505 W. 17TH STREET
(Mailing Address)

308-324-6044
Daytime Telephone

LEXINGTON, NE 68850

Filer Status	[X] Member of the U.S. House of Representatives — State: NEBRASKA District: 3	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	William E. Barrett	5/15/2000

Name WILLIAM BARRETT	Page 1 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name WILLIAM BARRETT	Page 2 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
XYZ Magazine	Article	Aug. 13, 1999	$500

This page may be copied if more space is required.

Name WILLIAM BARRETT | Page 3 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples*	SP	Mega Corp. Stock					X							X										X								P
			Simon & Schuster		Indefinite																Royalties									X			
			1st Bank of Paducah, KY accounts						X								X										X						
			COMMERCIAL LOT-9TH & LINCOLN LEXINGTON, NE 68850				X																										
			COTTONWOOD NORTH(50% OF CORP) 2100 N. ADAMS, LEXINGTON, NE							X						X											X						
			BARRETT-HOUSEL,INS(56% OF CORP) LEXINGTON, NE 68850					X								X	X	X									X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name WILLIAM BARRETT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	S B MONEY FUND GOVT FUND	X												X								X										
	FIDELITY ADVISOR SER II GRTH		X											X										X								
	RIGGS NATIONAL		X													X						X										
	GENERAL MOTORS-STOCK			X										X									X									
	KANSAS NEBRASKA-STOCK			X										X									X									
	ELECTRONIC DATA SYSTEMS-STK		X											X								X										
	GM HUGHES ELECTRONIC-STK	X												X							X											
	LEXINGTON, NE-BOND			X												X							X									
	INTEL CORP.-STOCK		X											X								X										
	AIM VALUE FUND		X											X									X									
	MCI CAPITAL			X										X								X										
	WASHINGTON MUTUAL			X										X										X								
	JOHNSON AND JOHNSON		X											X							X											
	SOUTHERN CO CAP III		X											X							X											
	MORGAN STANLEY MMA			X												X						X										
	UNIT 1ST		X											X								X										
	PUTNAM GROWTH & INCOME			X										X									X									
	LUCENT TECHNOLOGIES		X											X								X										
	BOEING, INC.			X										X								X										
	MORGAN STANLEY REAL ESTATE			X										X								X										

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SCHEDULE IV — TRANSACTIONS

Name WILLIAM BARRETT

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Maga Corporation Common Stock	X			10–12–99		X								
	APPLIED MATERIALS		X		05/26/99	X									
	AMERICAN HOME PRODUCTS		X		10/25/99	X									
	UNIT 1ST TRUST		X		04/07/99	X									
	UNIT 1ST TRUST		X		05/03/99	X									
	METALCLAD CORP.		X		08/19/99	X									
	ZOOM TELE		X		04/23/99	X									
	LUCENT TECHNOLOGIES	X			04/20/99	X									
	AIM VALUE	X			12/17/99	X									
	BOEING, INC.	X			04/18/99	X									
	WASHINGTON MUTUAL	X			12/17/99	X									
	MSDW REAL ESTATE FUND	X			12/20/99	X									

This page may be copied if more space is required.

Name WILLIAM BARRETT

Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	UNITED NEBRASKA BANK, LEXINGTON NE	MORTGAGE ON COTTONWOOD APTS					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Heritage Foundation	Aug 9-17	DC- China-Taiwan-DC	Y	Y	Y	N

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
TRUSTEE	HASTINGS COLLEGE, HASTINGS, NE (UNCOMPENSATED)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 1999 55-195 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
00 MAY 15 PM 4:05
OFFICE OF THE CLERK
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(4)

HAND DELIVERED
MC
(Office Use Only)

Dr. Roscoe G. Bartlett, Jr.
(Full Name)

2412 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone
202-225-2721

Filer Status	[X] Member of the U.S. House of Representatives — State MD District 06	[ ] Officer or Employee — Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Bartlett	5-15-2000

Name Roscoe G. Bartlett	Page 2 of 4

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Maryland State Retirement System	Pension	$14288.46

For payments to charity in lieu of honoraria, use Schedule II.

Name Roscoe G. Bartlett | Page 3 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock					X								X										X								P
	Simon & Schuster			Indefinite																Royalties								X				
	1st Bank of Paducah, KY accounts						X									X										X						
	4317 Buckeystown Pike 85.3 acres, Frederick County Maryland									X					X												X					
	4317 Buckeystown Pike 18.9 acres, Frederick County, Maryland																															

NOTE: Both of these parcels have been combined on recent appraisal, hence one value is being listed

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Roscoe G. Bartlett

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Congressional Credit Union					X																											
	Putnam Bonds				X											X						X											
	Lot 49 -Thurmont East .5 acre lot-Thurmont, Maryland					X								Property							X												
	Spruce Knob Lake Forest Service Road 153 acres Pocahontas County, WV w/two houses						X							Property							X												
	80 acres,Onaway, MI w/building -Six Mile Road					X								Property							X												
	Mortgage, 8927 Mt. Tabor Road, Middletown, MD Joe Bartlett					X										X										X							
	Precious Metals				X									N/A							N/A												
	Frederick Co National Bank-Checking Account				X											X								X									
	Loan to the Campaign						X									X					X												

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

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HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

Joe Chinus Barton
(Full Name)
2264 Rayburn House Office Building
Washington, DC 20515
(Mailing Address) Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives State: TX District: District	☐ Officer or Employee	Employing Office
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☑	No ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☑
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☑	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Joe Barton	MAY 15, 2000

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	W.D. Mills III CPA	Spouse's Salary	122916
	Ennis Independent School District	Spouse's Salary	102048

For payments to charity in lieu of honoraria, use Schedule II.

Name Joe Barton | Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
XYZ Magazine	Article	Aug 13, 1999	$500
Fortune Custom Project	Speech	Jan 24.99	1000.00
Natural Gas Supply Assoc.	Speech	Jan 27.99	2000.00
Electric Power Research Institute	Speech	April 13.99	1000.00
Independent Baker Assoc.	Speech	June 14.99	1000.00
American Gas Association	Speech	June 23.99	1000.00
American Society of Mechanical Engineers	Speech	Sept. 24.99	2000.00
Independent Energy Producer	Speech	Sept. 26.99	500.00
National Assoc. of Regulatory Utility	Speech	Nov 8.99	1000.00
United States Energy Assoc.	Speech	Dec. 14.99	1000.00
Independent Energy Producers	Speech	Sept 26.99	500.00

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Name Joe Barton | Page 4 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: Transaction (P, S, E)
SP,	Examples:	SP	Mega Corp Stock					X							X																		P
DC,			Simon & Schuster			Indefinite															Royalties									X			
JT			1st Bank of Paducah, KY accounts						X								X										X						
JT	Main Bank						X										X							X									
JT	EBF						X								X										X								
JT	Arco						X								X									X									
JT	Texas Utilities					X									X									X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Joe Barton

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SP, DC, JT	BLOCK A Asset and/or income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	Wal Mart			X										X								X										
JT	RBK		X											X							X											
JT	GWB			X										X								X										
JT	Cripple #116 (Creek)				X										X										X							
JT	Cripple Creek #00				X										X										X							
JT	Vanguard				X									X											X							
spouse	Main Bank			X												X						X										
JT	Main Bank			X												X						X										

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Name Joe Barton | Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example. First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Liberty Lending Cincinnati / Wilmington Ohio #16	mortgage		X								
JT	First American Bank / Bryan, TX	mortgage		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example. Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Harvard University	Jan 22-24	Wash DC - Miami - DFW	Y	Y	N	N
Commonwealth Fund Policy Conf.						
Fortune Custom Project Fortune Magazine	Jan 23-25	DFW - Tucson DFW	Y	Y	Y	N
Nuclear Energy Institute	Mar 4-7	Wash DC - Las Vegas DFW	Y	Y	N	N
Mississippi Assoc. Managers	Mar 19-21	Wash DC - Gulfport - DFW	Y	Y	N	N
Texas A & M University	May 12	Wash DC - Houston TX - Wash DC	N	N	N	N
Southern Company	June 6-7	Wash DC - Birmingham Alabama - Wash	Y	Y	N	N
Reliant Energy	July	Dallas Houston Dallas	N	Y	N	N
Texas Independent Producers & Royalty Owners Assoc.	Aug 28-29	Dallas San Antonio Austin	Y	N	N	N
Sixth District Republican Assoc	Aug 29-30	Austin - Dallas	Y	N	N	N
Edison Electric Institute	Sept 7-8	DFW - Colorado Springs - DFW	Y	Y	N	N
Independent Energy Producers	Sept 25-27	DFW - Las Vegas - DC	Y	N	N	N

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Name Joe Barton Page 8 of 8

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	National Assoc. of Regulatory Commissioners	Nov 7-8	CFW - San Antonio - CFW	Y	N	N	N
	South District Republican Assoc.	Nov 13-14	Dallas - Houston	Y	N	N	N
	South District Republican Assoc.	Dec. 3	Houston - Austin - Dallas	N	N	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Charles F. Bass
(Full Name)

128 Elm Hill Road
(Mailing Address)
Peterborough NH 03458

Daytime Telephone:
603-226-0249

Filer Status	[X] Member of the U.S. House of Representatives	State: NH District: 02	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? If yes, complete and attach Schedule II		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? If yes, complete and attach Schedule IV.	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	X	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? If yes, complete and attach Schedule VI		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? If yes, complete and attach Schedule VII.	X	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	X	
IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?		X
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?		X

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Charles F. Bass	May 9, 2000

Name Charles F. Bass	Page of

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	High Standard, Inc.	Consulting Fee	$10,000.00
	Columbia Architectural Products, Inc.	Consulting Fee	$10,000.00
	High Standard, Inc.	Spouse salary	NA
	Columbia Architectural Products, Inc.	Spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Charles F. Bass	Page ___ of ___

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description iin this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below Dividends, even if reinvested, should be listed as income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP DC, *Examples:* SP, Mega Corp Stock JT 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
Bass Partners	$1,000,001 - $5,000,000	Interest, Rent	$15,001 - $50,000	NA
IRA, AG Edwards, POB 353, Greenfield, MA	$50,001 - $100,000	NA	None	NA
Nucor Corp.	$15,001 - $50,000	Dividends	$201 - $1,000	NA
Lancaster Bank Certificate of Deposit	$15,001 - $50,000	Interest	$201 - $1,000	NA
Granite Bank Checking Account	$15,001 - $50,000	Interest	$201 - $1,000	NA
Real Estate, Edgartown, MA	$50,001 - $100,000	NA	None	NA
Columbia Architectural Products, Inc. stock	$100,001 - $250,000	NA	None	NA

Name Charles F. Bass | Page of

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Lancaster National Bank stock	$15.001 - $50.000	Dividends	$1.001 - $2.500	NA
	Granite Bank stock	$1.001 - $15.000	Dividends	$1 - $200	NA
	AG Edwards cash account	$1 - $1.000	Interest	$1 - $200	NA
	Wright Patman Federal Credit Union	$1.001 - $15.000	NA	None	NA
JT	Milford Recap Partnership	$15.001 - $50.000	NA	None	NA
SP	IRA, AG Edwards	$15.001 - $50.000	NA	None	NA
SP	Granite Bank checking account	$1.001 - $15.000	Interest	$1 - $200	NA
	High Standard, Inc. term loan	$15.001 - $50.000	Interest	$1.001 - $2.500	NA
SP	Granite Bank stock	$1.001 - $15.000	Dividends	$1 - $200	NA
SP	ITT Hartford Annuity	$50.001 - $100.000	NA	None	NA
DC	Growth Fund of America	$1.001 - $15.000	NA	None	NA
DC	Growth Fund of America	$1.001 - $15.000	NA	None	NA
	Manulife Financial Corp.	$1.001 - $15.000	NA	None	Proceeds from the conversion from mutual to stock company

Name Charles F. Bass | Page ___ of ___

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
DC	Growth Fund of America	Purchase	May 1999	$1,001 - $15,000
DC	Growth Fund of America	Purchase	May 1999	$1,001 - $15,000

Name Charles F. Bass	Page ___ of ___

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Citicorp Mortgage Company	Mortgage, 1629 21st St. NW, Washington, DC 20515 (Bass Partners)	$250,001 - $500,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Independent Bakers Assoc. annual meeting	February 22-23	Washington, DC, Boca Raton, FL, Washington, DC	Y	Y	N	NA
Bipartizan Congressional Retreat	March 19-21	Washington, DC, Hershey, PA, Washington, DC	Y	Y	Y	NA

Name Charles F. Bass | Page ___ of ___

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Consultant	High Standard, Inc., Columbia Architectural Products, Inc.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
00 MAY 11 PM 5:00
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC (9)
HAND DELIVERED
(Office Use Only)

HERBERT HARVELL BATEMAN
(Full Name)

2211 Rayburn House Office Bldg., Washington, DC 20515 — 202/225-4261
(Mailing Address) — Daytime Telephone

Filer Status: [X] Member of the U.S. House of Representatives — State: VA District: First; [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15); [ ] Amendment; [ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Herbert H Bateman	5-11-'00

Name Herbert Harvell Bateman	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000,

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Commonwealth of Virginia	Legislative Pension	3,705.

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$500
	NONE			

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Name Herbert Harvell Bateman | Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples: Mege Corp. Stock					X								X										X									P
DC	Simon & Schuster		Indefinite																	Royalties									X				
JT	1st Bank of Paducah, KY accounts						X									X									X								
JT	.70 acre commercial lot, Hampton, VA							X																									
JT	Parking space, Horizon House, Arlington, VA			X											X								X										
	Legg-Mason Value Trust Mutual Fund Retirement Acct						X										X								X								
	Legg-Mason Total Return Mutual Fund, Retirement Acct				X									X			X								X								Sold part
	Franklin-Templeton Equity Inc. Fund - Retirement Acct					X								X			X							X									
	Templeton World Fund Retirement account						X							X										X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Herbert Harvell Bateman

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Franklin - Templeton Equity Inc Fund--Ret acct				X									X			X							X								Sold part
SP	Templeton World Fund Retirement Acct				X									X			X							X								
	Legg-Mason Value Trust						X										X									X						
	Templeton World Fund				X									X									X									
	Avalon Bay Commun, Inc.			X										X								X										
	CBS Corp			X																	X											
	Camden Prop Trust SBI			X										X									X									
	CENIT Bank Corp			X										X									X									
*	Smithfield Foods Inc				X																X							(See	below)			Shares to charity
	Suntrust Bank			X										X								X										
	Wachovia Corp			X										X									X									
SP	Harbor Bank			X																	X											
SP	CENIT Bank			X										X								X										
	Legg-Mason Broker Acct															X						X										
	Bank of America (formerly Nations Bank)															X						X										
JT	VA Dept of Taxation															X				Tax Refund		X										
* SP	Wachovia Mun Bond Fund				X											X								X								

*500 shares given to Herbert H Bateman Foundation--charitable trust--value $12,636.

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**Formerly Computer Investment Service

265-57

SCHEDULE IV — TRANSACTIONS

Name Herbert Harvell Bateman | Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
	500 shares Smithfield Food Inc	Charitable Contribution			12-31-99	X									
	Legg-Mason Total Return--Retirement Acct		X		12-29-99		X	Partial Liquidation of IRA							
SP	Franklin-Templeton Equity Income Fund--Ret acct		X		12-31-99	X		Partial Liquidation of IRA							
	Franklin-Templeton Equity Inc Fund--Retirement Account	P			X	X									
SP	Franklin-Templeton Equity Inc Fund--Retirement account	P			X	X									
	Legg-Mason Total Return Retirement Account	P			X	X									
	Legg-Mason Value Trust--Retirement Account	P			X	X									
	Templeton World Fund Retirement Account	P			X	X									
SP	Templeton World Fund Retirement Account	P			X	X									
	Legg-Mason Value Trust	P			X	X									
	Templeton World Fund	P			X	X									

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*Each account had purchases based on reinvestment of dividends and capital gains on various dates.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	CENIT Bank	Equity Line		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Aspen Institute Bipartisan Congressional Retreat	Mar 19-21,99	Wash,DC - Hershey, PA - Wash, DC	Y	Y	Y	N
	Society of the Alumni College of William & Mary	Oct 29-30,99	Wash,DC - Williamsburg,VA - Newport News, VA	Y	Y	Y	N

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Name Herbert Harvell Bateman	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	NONE

SCHEDULE IX — AGREEMENTS

Identity the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

65-556

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 15 PM 6:29
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

Xavier Becerra
(Full Name)

1910 Sunset Blvd., #560
(Mailing Address)

Los Angeles, CA 90026

Daytime Telephone
213-483-1425

Filer Status	[X] Member of the U.S. House of Representatives	State California District 30th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

65-596

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/15/00

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	George Washington University Hospital	Spouse Salary	N/A
	Cedar-Sinai Medical Center	Spouse Salary	N/A
	Cedar-Sinai Medical Center	Spouse Honoraria	$500
	National Alliance for Hispanic Health	Spouse Income	N/A
	U.S. Dept. of Health & Human Services Secretary's Committee on Infant Mo	Spouse Consulting	N/A
	Mortality		

For payments to charity in lieu of honoraria, use Schedule II.

Name Xavier Becerra | Page 3 of 11

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each* asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock					X								X										X								P
	Simon & Schuster			Indefinite																Royalties								X			
	1st Bank of Paducah, KY accounts						X									X									X						
JT	Automatic Data			X										X								X										P
JT	CitiGroup			X										X								X										P
JT	Delta Airlines			X										X								X										S
JT	Walt Disney			X										X								X										
JT	Intel			X										X								X										P
JT	Lucent Tech			X										X								X										P

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Xavier Becerra

Page 4 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
JT	McDonalds		X											X								X										P
JT	Merck			X										X								X										P
JT	Time Warner			X										X								X										P
JT	MFS Total Rtn		X											X			X					X										
JT	Amazon			X													X								X							S
JT	24/7 Media			X													X								X							S
JT	Yahoo			X													X							X								S
JT	Univision			X													X							X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Xavier Becerra

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	AIM	X															X						X									
JT	Alliance Prem. Growth	X															X						X									
JT	Blackrock Sm. Cap	X															X					X										
JT	Mass InvGr STK	X															X						X									
JT	MFS Util	X															X					X										
JT	ML StP 500	X															X						X									
JT	Seligman Comm Info	X															X						X									
JT	Washington Mutual **Check			X												X						X										
JT	Cong. Credit Union-Cking			X												X						X										
JT	Golden One Credit Un. Cki		X													X						X										
JT	1005 Mooney, Monterey Park						X								X											X						
JT	1633 Hill Drive, LA							X							X											X						

**Formerly known as Home Savings

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SCHEDULE IV — TRANSACTIONS

Name Xavier Becerra

Page 6 of 11

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
JT	Amazon	X	X		1-8-99	X									
JT	Amazon	X	X		1-27-99	X									
JT	24/7 Media		X		1-20-99	X									
JT	Yahoo		X		4-5-99	X									
JT	Conoco		X		1-14-99	X									
JT	Delta Air		X		11-11-99	X									
JT	Univision		X		3-18-99	X									
JT	United Panam Financial		X		7-22-99	X									
JT	United Panam Financial		X		11-11-99	X									
JT	Qualcomm	X			12-23-99	X									
JT	Infinity Broadcasting	X			12-14-99	X									
JT	Nokia	X			12-14-99		X								
JT	Tricon Global	X			12-14-99	X									
JT	Tyco	X			12-10-99	X									
JT	Cisco	X			11-24-99	X									
JT	United Parcel Service	X			11-11-99	X									

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Name Xavier Becerra

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Maga Corporation Common Stock	X			10-12-99		X								
JT	Merck	X			2-23-99	X									
JT	Yahoo	X			2-5-99	X									
JT	Automatic Data	X			1-11-99	X									
JT	Lucent	X			4-5-99	X									
JT	Delta Airlines	X			3-22-99	X									
JT	General Electric	X			10-15-99	X									
JT	Intel	X			10-15-99	X									
JT	MCI Worldcom	X			10-15-99	X									
JT	McDonalds	X			10-15-99	X									
JT	Motorola	X			10-15-99	X									
JT	Time Warner	X			10-15-99	X									
JT	TYCO	X			10-15-99	X									
JT	Goldman Sachs	X			10-15-99	X									
JT	Citicorp	X			10-15-99	X									
JT	AT&T	X			12-14-99	X									
JT	ML Muni Bond	X			4-12-99	X									

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SCHEDULE IV — TRANSACTIONS

Name: Xavier Becerra

Report eny purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report e transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:*	Mege Corporation Common Stock	X			10–12–98		X								
JT	Mutual Fund Advisor Program		X			2-18-99	X									
JT	Mutual Fund Advisor Program			X		8-20-99		X								

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Name Xavier Becerra

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Wells Fargo Bank, California	Mortgage 1005 E. Mooney Dr. Monterey Park, CA			X							
	Bank of America, California	Mortgage 1633 Hill Drive Los Angeles, CA					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Los Angeles Annenberg Metropolitan Project (LAAMP)
Trustee	Pitzer College
Board Member	National Association of Latino Elected & Appointed Officials (NALEO)
Board Member	Close Up Foundation
Board Member	Congressional Hispanic Caucus Institute

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

Name	Xavier Becerra	Page 11 of 11

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Stanford Chicano Latino Grad.	June 12	Los Angeles--Palo Alto--Los Angeles	N	N	N	N
	Encuentro 2000	Dec. 27-Dec. 29	Los Angeles--San Diego--Los Angeles	Y	Y	Y	N
	Monterey Congressional Forum	Jan. 14 Jan. 15	Los Angeles--Monterey--Los Angeles	Y	Y	N	N

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65-596

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
RECEIVED
00 MAY 16 AM 10:05
OFFICE OF THE CLERK
U. HOUSE OF REPRESENTATIVES

(P)

INSIDE MAIL

RECEIVED
00 MAY 15 PM 7:17
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC (Office Use Only)

Kenneth Edward Bentsen, Jr.
(Full Name)

326 Cannon House Office Building
Washington DC 20515
(Mailing Address)

Daytime Telephone: 202-225-7508

Filer Status: [X] Member of the U.S. House of Representatives — State TX District: 25 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**		X
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	X	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?		X
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?		X

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/15/00

Name Kenneth Edward Bentsen, Jr.	Page ___ of ___

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Hayes, Domenici & Associates	Spouses Income	$19,846.11
	Susan G. Komen Breast Cancer Foundation, Inc.	Spouses Income	$15,007.79

For payments to charity in lieu of honoraria, use Schedule II.

Name Kenneth Edward Bentsen, Jr	Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP Mega Corp. Stock 1,23 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
Fidelity Cash Reserves	$1 - $1,000	Interest	$1 - $200	NA
Fidelity Puritan IRA	$1,001 - $15,000	Capital Gains and Dividends	$1,001 - $2,500	P
Fidelity Magellan IRA	$15,001 - $50,000	Capital Gains and Dividends	$5,001 - $15,000	P, S, AND E
Fidelity Capital & Income	$1,001 - $15,000	Interest	$1,001 - $2,500	P
Fidelity Puritan Rollover	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	P
Fidelity Puritan Rollover	$1,001 - $15,000	Capital Gains and Dividends	$1,001 - $2,500	P
Fidelity Contrafund Rollover	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	P

Name Kenneth Edward Bentsen, Jr. | Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Fidelity Growth & Income	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	P
	Estate of Edna R. Bentsen	$1,001 - $15,000	Interest	$1,001 - $2,500	NA
	1991 Trust Estate LMB, Sr.	$100,001 - $250,000	Dividends	$15,001 - $50,000	NA
	1987 Trust LMB, Sr.	$15,001 - $50,000	Dividends	$5,001 - $15,000	NA
	Estate of Edna R. Bentsen LMB Partnership	$100,001 - $250,000	Dividends	$15,001 - $50,000	NA
	SP Fidelity Magellan IRA	$1,001 - $15,000	Capital Gains and Dividends	$1,001 - $2,500	P
	SP Fidelity Puritan IRA	$1,001 - $15,000	Capital Gains and Dividends	$1,001 - $2,500	P
	George K. Baum & Co Gold Account Dreyfus Money Market	$1,001 - $15,000	Interest	$201 - $1,000	P AND S

Name Kenneth Edward Bentsen, Jr. | Page ____ of ____

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	Fidelity Magellan	Sold	4/09/99	$1,001 - $15,000
	Fidelity Magellan	Sold	11/03/99	$1,001 - $15,000

Name Kenneth Edward Bentsen, Jr.	Page ____ of ____

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
International Management and Development Institute	01/13/99-01/17/99	DC-Berlin-DC	Y	Y	Y	None

Name Kenneth Edward Bentsen, Jr	Page ____ of ____

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Federal Chair	Impac 2000

KENNETH E. BENTSEN, JR.
25TH DISTRICT, TEXAS

326 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–4325
(202) 225–7508
(202) 225–2947 FAX

E-MAIL THROUGH WEB SITE
http://www.house.gov/bentsen

COMMITTEES
BANKING AND FINANCIAL SERVICES

SUBCOMMITTEE ON
FINANCIAL INSTITUTIONS AND
CONSUMER CREDIT

SUBCOMMITTEE ON
CAPITAL MARKETS, SECURITIES AND
GOVERNMENT SPONSORED ENTERPRISES

BUDGET

HAND DELIVERED

Congress of the United States
House of Representatives
Washington, DC 20515–4325

DISTRICT OFFICES
6575 WEST LOOP SOUTH
SUITE 496
BELLAIRE, TX 77401
(713) 667-3554
(713) 667-4833 FAX

1001 E. SOUTHMORE
SUITE 810
PASADENA, TX 77502
(713) 473-4334
(713) 475-8887 FAX

1300 ROLLINGBROOK DRIVE
SUITE 517
BAYTOWN, TX 77521
(281) 837-8225

May 17, 2000

Honorable Jeff Trandahl
Clerk, House of Representatives
H-154, The Capitol
Washington, D.C. 20515-6601

MC

00 MAY 18 PM 1:14
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
MAIL PROCESSING CENTER

Dear Mr. Trandahl:

I am forwarding an amended copy of my 1999 financial disclosure. I am requesting that it be added to my financial disclosure.

Thank you for your attention to this matter. If you have any questions, please contact Lisa Sherrod of my staff at 5-7508.

With kindest personal regards,

Sincerely,

Kenneth E. Bentsen, Jr.
Member of Congress

PRINTED ON RECYCLED PAPER

HAND DELIVERED

Name Kenneth Edward Bentsen, Jr

00 MAY 18 PM 1:15

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
International Management and Development Institute	01/13/99-01/17/99	DC-Berlin-DC	Y	Y	Y	None
Impac 2000	02/15/99-02/16/99	DC-Miami-Hou	Y	N	N	None

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Douglas Kent Bereuter
(Full Name)

2184 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: (202) 225-4806

Filer Status	[X] Member of the U.S. House of Representatives	State: NE District: 01	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Douglas Bereuter	May 9, 2000

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Arlington County, Virginia School Board	Spouse Pension	NA
	Commonwealth of Virginia	Spouse Pension	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name DOUGLAS KENT BEREUTER

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$ 500
None				

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**		BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.		at close of reporting year. If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description iin this block	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT	*Examples:* SP	Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	Savings Account, Calvert Group, Kansas City, MO		$1,001 - $15,000	Interest	$1 - $200	
	IRA Account, USAA, San Antonio, Texas		$15,001 - $50,000	Interest	None	
SP	IRA Account, USAA, San Antonio, Texas		$15,001 - $50,000	Interest	None	
JT	Checking account, First Virginia Bank, Falls Church, Virginia		$1,001 - $15,000	Interest	$1 - $200	
JT	Checking Account, Cornhusker Bank, Lincoln, Nebraska		$1,001 - $15,000	Interest	$1 - $200	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	USAA Federal Savings Bank, San Antonio, Texas	$1 - $1,000	Interest	$1 - $200	E
	One-quarter shareholder in family corp. owning 38 acres of land & residence in unincorporated Summit County, CO & a parcel with storage building in Utica, NE	$100,001 - $250,000	None	None	
SP	403 (B) (7) Account, USAA San Antonio, Texas	$50,001 - $100,000	None	None	
JT	Congressional Federal Credit Union, Washington, DC	$1 - $1,000	Interest	$1 - $200	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
JT	The family corporation in which I have one-quarter interest sold its one-quarter interest in 320 acres of farm land in Reno County, Kansas	Sold	12-31-99	$15,001 - $50,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts only if the balance at the close of preceding calendar year

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	None		

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.
Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.
Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Aspen Institute Conference regarding U.S.-China Relations. Beijing, Yangtze River, Shanghai, China	3/28-4/5/99	Wash., DC-Beijing-Yangtze River-Shanghai-Wash , DC	Y	Y	Y	None
Harvard University-Congressional Initiative. Harvard Graduate School of Design. Cambridge, MA	5/14-15/99	Wash., DC-Boston, MA-Omaha, NE	Y	Y	N	None
Aspen Institute Conference regarding U.S. Relations with former Soviet States. Berlin, Germany.	8/15-21/99	Omaha, NE - Berlin, Germany-Omaha, NE	Y	Y	Y	None
American-Australian Leadership Dialogue participant in Forum 99 Conference. Sydney, Australia	8/24- 9/4/99	Omaha, NE - Sydney, Australia - Omaha, NE	Y	Y	Y	3 days

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Board of Trustees	Nebraska Wesleyan University, Lincoln, NE
Board of Directors	Friends of the U.S. National Arboretum, Washington, DC

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
00 MAY 15 PM 5:00

(61)

HAND DELIVERED
(Office Use Only)

Shelley Berkley
(Full Name)

187 Reed Ln
(Mailing Address)

202 225-5965
Daytime Telephone

Henderson NV 89014

Filer Status	[X] Member of the U.S. House of Representatives — State: NV District: 01	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Shelley Berkley	May 11, 2000

Name Shelley Berkley | Page 2 of (2)

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	CES (final payment for consulting work prior to election to Congress)	Consultant	13,334.00
	Nephrology & Endocrine Associates (medical practice)	Spouse Salary	NA
	Quality Care Consultants (medical consulting)	Spouse Consulting	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Shelley Berkley

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E
SP, DC, JT	Examples:	SP Mega Corp Stock					X								X										X								P
		Simon & Schuster			Indefinite																Royalties								X				
		1st Bank of Paducah, KY accounts						X									X									X							
Morgan Stanley Dean Witter IRA																																	
	MSDW Competitive Edge				X																												
	MSDW Dividend Growth					X									X			X							X								P < $ 1,000
	Phoenix-Engemann Nifty Fifty					X												X									X						P
	Phoenix-Engemann Value 25				X										X			X							X								P
Phoenix-Engemann SM MDCP Growth					X																	X											

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Shelley Berkley

Page 4 of 61

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Morgan Stanley Dean Witter IRA (con)																															
	Phoenix-Aberdeen Wldwd Opp			X										X			X						X									E,P< $1,000
	MSDW Liquid Asset			X												X						X										P < $1,000
	Phoenix-Engemann Global Growth	X																			X											E
	Morgan Stanley Dean Witter Roth IRA																															
	Global Crossing LTD				X																X											P,S
	Morgan Stanley Dean Witter & Co					X								X									X									
	Bankers Trust Market-Linked				X																X											
	Cash		X													X						X										
	US Treasury Bond Zero Coupon	X																			X											S
	Saving/Checking Accounts																															
SP	BankWest Las Vegas NV			X												X							X									
SP	Las Vegas Business Bank			X												X							X									
SP	Pentagon Federal Credit Union			X												X						X										
	Pentagon Federal Credit Union		X													X						X										
	Wells Fargo Bank	X														X						X										
	Congressional Federal Credit Union			X												X						X										
SP	E-Trade			X												X						X										
SP	Morgan Stanley Money Market		X													X						X										

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Shelley Berkley

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	S Corporations																															
SP	Dialysis Systems, INC.			X										X													X					
	provided dialysis treatments-sold																															
	collecting old accounts																															
	Las Vegas, NV 3100 West Charleston																															
SP	Professional Facilities, INC					X								X													X					
	medical office building in																															
	North Las Vegas 4133North Torrey Pines, LV 89108																															
	Limited Partnerships																															
SP	Quail Park V 500 S. Rancho						X													Partnership							X					
	office complex Las Vegas																															
SP	Northwest Partners 3110 S.Rainbow #104	X																		Partnership			X									
	raw land Las Vegas- terminated																															
SP	Eastern Courtyard 2020 Palomino #100			X																Partnership			X									
	office complex Las Vegas																															
SP	Metalast International 2241Park Place				X															Partnership	X											
	anodizing aluminum Minden NV 89423																															

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Shelley Berkley

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Individual Stocks																															
SP	Imatron	X																			X											S
SP	Autobytel			X																	X											P
SP	Warner Lambert				X									X								X										P < $ 1,000
SP	IBM			X										X								X										P < $ 1,000
SP	EnviroSystems		X																		X											
SP	Las Vegas Business Bank			X																	X											
	401(K) Plan																															
SP	UPI Administered- transferred																															
	assets to Putman May 99																															
	detailed transactions not available																															
	see summaries as attachment																															
	"Old 401(K) Plan"																															
SP	Putman 401(K)- year end																															
	summary and detailed transactions																															
	are included as attachment																															
	"Putman 401(K) Plan"																															

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Shelley Berkley

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Brokerage Accounts																														
SP	SalomonSmithBarney- for year																														
	end value, income and detailed																														
	transactions see attachment																														
SP	Charles Schwab Trust One Account																														
	for year end value, income and																														
	detailed transactions see attachment																														
	IRAs																														
SP	American Century Ultra					X											X							X							P,S
SP	Morgan Stanley Dean Witter- for																														
	year end value, income and																														
	detailed transactions see																														
	attachment																														
	Misc																														
JT	3466 Legendary LV NV					X									X										X						
SP	Nephrology & Endocrine Associates						X																								
	medical practice Las Vegas, NV																														
	Salary only																														

Name Shelley Berkley Page 8 of 61

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	Phoenix-Engemann Nifty Fifty	X			12-22-99	X									
	Phoenix-Engemann Value 25	X			12-22-99	X									
	Phoenix-Engemann Global Growth			X	10-25-99	X									
	Phoenix-Aberdeen World Wide			X	10-25-99	X									
	US Treasury Zero Coupon		X		4-9-99		X								
	Global Crossing LTD	X			4-11-99		X								
	Global Crossing LTD		X		6-29-99	X									
	Global Crossing LTD	X			7-5-99	X									
SP	Metalast International	X			6-14-99		X								
SP	Imatron		X		4-1-99	X									
SP	Autobytel	X			6-7-99	X									
SP	Putman 401(K) Plan- multiple transactions- see attachment														
SP	SalomonSmithBarney- multiple transactions- see attachment														
SP	Charles Schwab One Trust Account- multiple transactions														
	see attachment														
SP	American Century Ultra	X			12-17-99	X									

SCHEDULE IV — TRANSACTIONS

Name Shelley Berkley

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
SP	American Century Ultra		X		12-29-99		X								
SP	Morgan Stanley Dean Witter IRA- multiple transactions														
	see attachment														
	MSDW Dividend Growth	X			6-23-99	X									
		X			12-16-99	X									

Name Shelley Berkley

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Central National Bank	Mortgage on 3466 Legendary LV NV		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
None		

Name Shelley Berkley | Page 11 of 61

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
American Israel Education Foundation	8-25- 9-2 99	NY- Tel-Aviv- NY (also see below)	Y	Y	Y	N
Western Policy Center	9-2 - 9-5 99	Tel-Aviv - Athens -Tel Aviv	Y	Y	Y	N

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Member Shelley Berkley NV 01

MORGAN STANLEY DEAN WITTER

RETIREMENT ACCOUNT

FOR MONTH ENDING DECEMBER 31, 1999

Your Financial Advisor
JESSE BROMBERG
SENIOR VICE PRESIDENT - INVESTMENTS
MORGAN STANLEY DEAN WITTER
101 CALIFORNIA ST. 3RD FL.
SAN FRANCISCO, CA 94111
(415) 693-6000

Account Number FA [redacted]

Date of Birth
February 09, 1949

LARRY LEHRNER
137 REED LANE
HENDERSON NV 89014 0637

IRA Rollover
Dated 01/27/98

Asset Summary

	Value	% of Assets
Money Market Funds	$866.16	0.4%
Stocks	134,251.87	63.0
Municipal Bonds	0.00	0.0
Corporate Fixed Income	0.00	0.0
Government Securities	0.00	0.0
Mutual Funds	22,515.79	10.6
Unit Investment Trusts	55,265.57	26.0
Certificates of Deposit	0.00	0.0
Annuities/Insurance	0.00	0.0
Other	0.00	0.0
Asset Value	$212,899.19	100.0%
Cash	0.00	
Total Asset Value	$212,899.19	

Income Summary

	This Month	Year To Date
Money Market Funds	$15.60	$700.56
Stocks	6.60	648.20
Municipal Bonds	0.00	0.00
Corporate Fixed Income	0.00	0.00
Government Securities	0.00	0.00
Mutual Funds	0.00	0.00
Unit Investment Trusts	0.00	0.00
Certificates of Deposit	0.00	0.00
Other	0.00	0.00
Total Income	$22.40	$1,348.76

Activity Summary

Total Asset Value November 30 1999		$189,119.81
Cash/Money Market Activity for December		
Closing Balance 11/30	$2,468.25	
Credits To Your Account		
Dividends and Interest	22.40	
Deposits	0.00	
Sales Proceeds/Redemptions	92,071.50	
Other Credits	5,219.25	
Total Credits	97,313.15	
Debits To Your Account		
Withdrawals	0.00	
Funds to Purchase Securities	-98,915.24	
Other Debits	0.00	
Total Debits	-98,915.24	
Closing Balance 12/31	866.16	
Net Change Cash/Money Market Activity		-1,602.09
Changes in Asset Value for December		
Value of Priced Assets 11/30	$186,651.56	
Securities Bought	98,915.24	
Securities Received	0.00	
Securities Sold/Redeemed	-92,071.50	
Securities Delivered	0.00	
Transactions at Fund Company	0.00	
Change in Value of Priced Assets	18,537.73	
Value of Priced Assets 12/31	212,033.05	
Net Change In Asset Value		25,381.47
Total Asset Value as of December 31 1999		$212,899.19

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MORGAN STANLEY DEAN WITTER

RETIREMENT ACCOUNT

FOR MONTH ENDING DECEMBER 31, 1999

LARRY LEHRNER
187 REED LANE

Account Number [redacted]

ASSET DETAILS

Cash and Money Market Funds	Amount	Pct of Assets	Est Yrly Income
CASH	.00	---	---
MSDW LIQUID ASSET FUND	866.16	0.4%	45
Total Cash and Money Market Funds	$866.16	0.4%	$45
Net Change Since Last Statement	-1,402.89		

Annualized 30 Day Yields

MSDW Liquid Asset Fund	5.29%
MSDW US Gvt Mymkt	4.84%

Stocks		Current Price	Value	Pct of Assets	Est Yrly Income	Dividend Yield	Symbol	Additional Information
Common Stocks								
400	COMPUTER SCIENCES CP	94 5/8	37,850.00	17.8%	0	0.00%	CSC	
250	NORTHPOINT COMM GRP INC	24	6,000.00	2.8%	0	0.00%	NPNT	
4,000	SAPPI LTD	9 5/8	38,500.00	18.1%	744	1.95%	SPP	Next Dividend Payable 02/07/00
155	STARWOOD HTLS & RSTS WW INC	23 1/2	3,642.50	1.7%	93	2.55%	HOT	Next Dividend Payable 01/21/00
1,640	SUN INTL HOTELS LTD	19 5/8	31,775.00	14.9%	0	0.00%	SIH	
250	WELLPOINT HLTH NET INC NEW	65 15/16	16,484.37	7.7%	0	0.00%	WLP	
Total Stocks			$134,251.87	63.0%	$837	.62%		
Net Change Since Last Statement			$15,201.87					

Mutual Funds		Current Price	Value	Pct of Assets	Est Yrly Income	Distribution Rate	Fund Plan Number	Symbol	Dividend/ Cap Gains Option
Morgan Stanley Dean Witter Mutual Funds									
1,877.881	MSDW FINANCIAL SVC TR B	11.9900	22,515.79	10.6%	N/A	N/A	152721824	FSVBX	Reinv/Reinv
Total Mutual Funds			$22,515.79	10.6%	N/A	N/A			
Net Change Since Last Statement			$1,565.44						

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MORGAN STANLEY DEAN WITTER

RETIREMENT ACCOUNT

FOR MONTH ENDING DECEMBER 31, 1999

LARRY LEHRNER
187 REED LANE

Account Number [redacted] FA [redacted]

Unit Investment Trusts		Current Price	Value	Pct of Assets	Est Yrly Income	Current Yield	Accruing Interest	Par Value	Reinvest Option
Equity Trusts									
3,214	UNIT MSDW SELECT EQUITY TRUST HIGH-TECH 35 INDEX SERIES 99-2	17.1952	55,265.37	26.0%	11	.02%	N/A	N/A	F.11
Total Unit Investment Trusts			$55,265.37	26.0%	$11	.02%	0	0.00	
Net Change Since Last Statement			$8,614.16						

Asset Summary	Value	Est Yrly Income
Total Asset Value	$212,899.19	$694
Total Net Change In Priced Assets Since Last Statement	$25,381.47	

CREDITS TO YOUR ACCOUNT

Dividends and Interest

Date	Activity	Description	Amount	Income Category
12-01	Dividend	INTEL CORP	6.60	Stocks
12-31	Dividend	MSDW LIQUID ASSET FUND	15.80	Money Market Funds
		Total Dividends and Interest	22.40	

See Income Summary on page 1 for the month to date and year to date amounts per income category.

Sales Proceeds/Redemptions

Date	Activity	Quantity	Description	Price	Amount	Additional Information
12-07	Sold	220	INTEL CORP	77 1/4	16,725.59	
12-07	Sold	400	CHARLES SCHWAB NEW	37 7/8	14,853.75	

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Member Shelley Berkley NV 01

Morgan Stanley IRA Account for Larry Lehrner 1999 Transactions

Date	Action	Security	Price	Shares	Value
11/18/99	Buy	Agilent	30	200	6,000.00
11/18/99	Sell	Agilent	46	200	9,200.00
10/29/99	Buy	Akamai	26	50	1,300.00
10/29/99	Sell	Akamai	128 13/16	50	6,440.63
12/15/99	Buy	AVX	63	600	37,800.00
2/4/99	Sell	Bank of New York	35 1/2	500	17,750.00
2/4/99	Div	Bank of New York			70.00
11/9/99	Buy	Celestica	60 5/8	600	36,375.00
11/10/99	Sell	Celestica	68 1/2	600	41,100.00
4/14/99	Buy	Charles Schwab	153	100	15,300.00
5/26/99	Div	Charles Schwab			2.80
6/14/99	Buy	Charles Schwab	83 5/16	100	8,331.25
8/26/99	Div	Charles Schwab			5.60
11/26/99	Div	Charles Schwab			5.60
12/2/99	Sell	Charles Schwab	37 7/8	400	15,150.00
2/4/99	Buy	Delphi Auto	17	800	13,600.00
2/25/99	Sell	Delphi Auto	18 1/4	800	14,600.00
5/6/99	Buy	Destia Communications	10	300	3,000.00
5/14/99	Sell	Destia Communications	14	300	4,200.00
11/22/99	Buy	Earthlink	56 1/2	500	28,250.00
12/9/99	Sell	Earthlink	64 1/4	500	32,125.00
5/20/99	Buy	Engelhard	19 1/2	1,000	19,500.00
6/14/99	Sell	Engelhard	21 7/16	1,000	21,437.50
6/30/99	Div	Engelhard			100.00
9/30/99	Buy	Entercom Communications	36	200	7,200.00
10/7/99	Sell	Entercom Communications	40 1/16	200	8,012.50
12/3/99	Buy	Equant	90.9	300	27,270 00
12/16/99	Sell	Equant	97 1/4	300	29,175.00
4/26/99	Sell	FDX Corp	115 3/16	125	14,398.44
4/29/99	Sell	FDX Corp	113 3/4	125	14,218.75
9/7/99	Buy	Financial Services Trust	14.1	1,418.44	20,000.00
12/16/99	ReinvLg	Financial Services Trust	11.36	68.942	783.18
12/16/99	ReinvSh	Financial Services Trust	11.36	390.499	4,436.07
3/15/99	Div	First Union Corp			94.00
6/15/99	Div	First Union Corp			94.00

Member Shelley Berkley NV 01

Morgan Stanley IRA Account for Larry Lehrner 1999 Transactions

9/15/99	Div	First Union Corp			94.00
9/22/99	Sell	First Union Corp	37 13/16	200	7,562.50
5/28/99	Buy	Galileo Intl	45	300	13,500.00
7/7/99	Sell	Galileo Intl	54 15/16	300	16,481.25
6/19/99	Buy	High-Tech 35 Index 99-2	10.947	1,827	20,000.17
7/7/99	Buy	High-Tech 35 Index 99-2	11.536	1,387	16,000.43
3/1/99	Div	Intel			4.40
6/1/99	Div	Intel			6.60
9/1/99	Div	Intel			6.00
5/28/99	Buy	Korea Telecom	27.56	1,000	27,560.00
5/28/99	Sell	Korea Telecom	30 5/16	1,000	30,312.50
3/6/99	Buy	Level 3	54	300	16,200.00
3/11/99	Sell	Level 3	59 3/4	300	17,925.00
10/15/99	Buy	Ltx Corp	13 5/8	550	7,493.75
10/15/99	Sell	Ltx Corp	15	550	8,250.00
3/1/99	Div	Lucent			6.00
6/1/99	Div	Lucent			6.00
7/16/99	Sell	Lucent	78 1/2	300	23,550.00
4/1/99	Sell	Mirage Resorts	20.875	530	11,063.75
7/16/99	Buy	Northpoint Communications Hold	42 1/2	250	10,625.00
4/9/99	Buy	Rambus	74	200	14,800.00
6/25/99	Sell	Rambus	88 1/4	200	17,650.00
4/29/99	Buy	Republic Services	16 7/8	900	15,187.50
4/29/99	Sell	Republic Services	18 9/16	900	16,706.25
11/17/99	Buy	Sappi	8 34	4,000	33,360.00
6/16/99	Buy	Seagram Company	50 1/8	400	20,050.00
8/5/99	Sell	Seagram Company	50 3/8	400	20,150.00
1/25/99	Div	Starwood Hotel & Resorts			23.25
4/23/99	Div	Starwood Hotel & Resorts			23.25
7/22/99	Div	Starwood Hotel & Resorts			23.25
10/22/99	Div	Starwood Hotel & Resorts			23.25
12/9/99	Buy	Sun International Hotels	18 15/16	1,640	31,057.50
4/26/99	Buy	Sun Microsystems	62 11/16	220	13,791.25
9/7/99	Sell	Sun Microsystems	86 5/8	220	19,057.50
5/13/99	Buy	Time Warner Telecom	14	300	4,200.00
5/28/99	Sell	Time Warner Telecom	20 3/4	300	6,225.00

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Member Shelley Berkley NV 01

Morgan Stanley IRA Account for Larry Lehrner 1999 Transactions

3/3/99	Buy	Unionbancal Corp	30	600	18,000.00
3/4/99	Sell	Unionbancal Corp	33	600	19,800.00
2/12/99	Buy	UTD Pan-Europe	32.78	100	3,278.00
2/12/99	Sell	UTD Pan-Europe	40 1/4	100	4,025.00
8/11/99	Buy	Veritas Software	49 13/16	400	19,925.00
8/20/99	Sell	Veritas Software	55 1/2	400	22,200.00
6/29/99	Buy	Wellpoint	81	250	20,250.00

Old 401(K) Plan

Member- Shelley Berkley NV 01

Participant Certificate

Section 1: Plan Information

NEPHROLOGY & ENDOCRINE ASSOCIATES 401(K) PLAN
500 SOUTH RANCHO DRIVE, SUITE 12

LAS VEGAS NV 89106-4849

SSN: [redacted]

Date of Birth: 02/09/49
Date of Hire: 10/05/87
Date of Participation: 01/01/91
Date of Termination:

Section 2: Participant Information

Larry Lehmer
187 REED LANE

HENDERSON NV 89014

Section 3: Account Information

NEPHROLOGY & ENDOCRINE ASSOCIATES 401(K) PLAN - Participant Certificate
For the current period of January 1, 1999 through March 31, 1999

Your total and vested balances in the above mentioned plan as of March 31, 1999 are as follows:

Contribution Type	Current Period Contribution	Total Account Balance	Vested Percent	Vested Account Balance
Employee Deferral	1,221.00	98,215.17	100%	98,215.17
Employer Match	366.30	19,988.87	100%	19,988.87
Employer Discretionary	4,800.00	57,110.34	100%	57,110.34
TOTALS	**$6,387.30**	**$175,314.38**		**$175,314.38**

You must notify UPI, attention statement unit, in writing, of any error or inaccuracies reflected in this statement within thirty (30) days following the receipt of this statement, otherwise it will be deemed correct and accurate.

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Old 401(K) Plan

Member- Shelley Berkley NV 01

Section 4: Investment Information

Fund Name	Value Type	Begin Balance	Contribution	Forfeiture	Earnings	Expenses	Transfers	Withdrawal	End Balance
* Acct	Securities	3,953.40	923.09	94 61					4,97[illegible]
	Value	5,417.69	1,277.46	130.34	65.66				6,891.15
IDS Cash	Securities	0.08			0 00				0.08
	Value	0.08			0 00				0.08
IDS Mutual	Securities	2,801.14	96.89	10 11	18.03				2,926.16
	Value	36,476.41	1,277.46	130.31	706.04				38,590.22
IDS Stock	Securities	1,523.95	47.72	5.03	2 61				1,579.31
	Value	40,608.75	1,277.46	130 31	585.36				42,601.88
IDS New D	Securities	1,505.51	42.59	4.56					1,552.66
	Value	43,397.89	1,277.46	130.31	2,670.11				47,475.77
IDS Intnat	Securities	3,265.04	111.12	11.60					3,387.75
	Value	37,783.00	1,277 46	130.31	564.51				39,755.28
Totals	Securities	13,049.12	1,221.40	125.91	20 65	0 00	0.00	0.00	14,417.08
	Value	163,683.82	6,387.30	651.58	4,591.68	0 00	0 00	0.00	175,314.38

If you would like a more detailed statement, please call the Employee Benefit Hotline and request a Statement of Transactions from the operator.

You must notify UPI, attention statement unit, in writing, of any error or inaccuracies reflected in this statement within thirty (30) days following the receipt of this statement, otherwise it will be deemed correct and accurate.

Old 401(K) Plan

Member- Shelley Berkley NV 01

Participant Certificate

Section 1: Plan Information

NEPHROLOGY & ENDOCRINE ASSOCIATES 401(K) PLAN
500 SOUTH RANCHO DRIVE, SUITE 12

LAS VEGAS NV 89106-4849

SSN: [redacted]

Section 2: Participant Information

Larry Lehmer
187 REED LANE

HENDERSON NV 89014

Date of Birth: 02/09/49
Date of Hire: 10/05/87
Date of Participation: 01/01/91
Date of Termination:

Section 3: Account Information

NEPHROLOGY & ENDOCRINE ASSOCIATES 401(K) PLAN - Participant Certificate
For the current period of April 1, 1999 through May 6, 1999

Your total and vested balances in the above mentioned plan as of May 6, 1999 are as follows:

Contribution Type	Current Period Contribution	Total Account Balance	Vested Percent	Vested Account Balance
Employee Deferral	814.00	101,935.13	100%	101,935.13
Employer Match	244.20	20,704.64	100%	20,704.64
Employer Discretionary		58,515.54	100%	58,515.54
TOTALS		**$181,155.31**		**$181,155.31**

You must notify UPI, attention statement unit, in writing, of any error or inaccuracies reflected in this statement within thirty (30) days following the receipt of this statement, otherwise it will be deemed correct and accurate.

UNIVERSAL PENSIONS, INC. ❖ P.O. BOX 349 ❖ BRAINERD, MN 56401

Old 401(K) Plan Member- Shelley Berkley NV 01

Section 4: Investment Information

Fund Name	Value Type	Begin Balance	Contribution	Forfeiture	Earnings	Expenses	Transfers	Withdrawal	End Balance
RF Acct	Securities	4,971 11	152 51		30.72		-5,154.33	0 00	0.0
	Value	8,891 16	211.64		74.78		-7,177 58	0.00	0.0
IDS Cash	Securities	0.08			0.00		-0.08	0 00	0 0
	Value	0 08			0.00		-0 08	0 00	0 0
IDS Mutual	Securities	2,926.18	15.80				-2,941.96	-0 00	0.0
	Value	38,590 22	211.64		1,773 66		-40,575 52	0.00	0.0
IDS Stock	Securities	1,579 31	7.77				-1,587.08	0.00	0.0
	Value	42,601 89	211.64		840.62		-43,654.15	0.00	0.0
IDS New O	Securities	1,552.66	6 89				-1,559 56	-0.00	0.0
	Value	47,475.78	211 64		-75.71		-47,611.71	0.00	0.0
IDS Intnal	Securities	3,387 75	17.75				-3,405.50	0 00	0.0
	Value	39,755.28	211 64		2,169 35		-42,136 27	0.00	0 0
PRIOR INV	Cash						181,155.31		181,155.3
	Value				0.00		181,155.31		181,155.3
Totals	Cash	0.00	0.00	0.00	0.00	0.00	181,155.31	0.00	181,155.3
	Securities	14,417.08	200.72	0.00	30.72	0.00	-14,648.51	0.00	0.0
	Value	175,314.41	1,058.20	0.00	4,782.70	0 00	-0 00	0.00	181,155.3

If you would like a more detailed statement, please call the Employee Benefit Hotline and request a Statement of Transactions from the operator.

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NEPHROLOGY AND ENDOCRINE
ASSOCIATES 401(K) PLAN

Putman 401(K) Plan

Member- Shelley Berkley NV 01

Statement

October 1, 1999 - December 31, 1999

LARRY M LEHRNER
187 REED LN
HENDERSON NV 89014

Social Security Number [redacted]
Date of Hire 10/05/1987
Date of Birth 02/09/1949

Account Information

Log on to www myretirementplan com Check the status of your account, change your fund allocations or transfer between investments all online Should you have any questions about these features, you can use the help button on the website or contact Putnam at the toll-free number listed below

BALANCE

Beginning Balance	$192,298.76
Change This Period	$51,312 13
Ending Balance	$243,610.89
Vested Balance	$243,610 89

YOUR CURRENT INVESTMENT CHOICES (12/31/1999)

Investment	
Putnam Growth and Income Fund	30%
Putnam Growth Opportunities	30%
Putnam International Growth	30%
Putnam Money Market Fund	10%

INVESTMENT SUMMARY

	Beginning Share Price 10/01/1999	Beginning Share Balance 10/01/1999	Beginning Market Value 10/01/1999	Ending Share Price 12/31/1999	Ending Share Balance 12/31/1999	Ending Market Value 12/31/1999
Putnam Growth and Income Fund	$20 0200	2,664 698	$53,347 26	$18 7500	2,977 642	$55,830.78
Putnam Growth Opportunities	$21.9300	2,847.305	$62,441 40	$29 8500	2,912 498	$86,938 07
Putnam International Growth	$22 7900	2,836 788	$64,650 40	$29 6800	3,021 042	$89,664 53
Putnam Money Market Fund	$1 0000	11,859 699	$11,859.70	$1.0000	11,177.507	$11,177 51
TOTAL			$192,298.76			$243,610.89

CONTRIBUTION SUMMARY

	Contributions This Period	Vested Percent	Vested Dollars
Employee Pre-Tax	$2,849.00	100%	$139,272 62
Employer Profit Sharing	$0.00	100%	$75,250.18
Employer Match	$854.70	100%	$29,080 09
TOTAL	$3,703.70		$243,610.89

Please verify this financial information and notify Putnam of any questions within 30 days of receipt. If you do not notify Putnam, we will assume the information on this statement is correct. Any corrections will be reflected on a subsequent statement

PUTNAM INVESTMENTS

For Information Call
Putnam Retirement Plans

Putman 401(K) Plan Member- Shelley Berkley NV 01

Transaction History

NEPHROLOGY AND ENDOCRINE ASSOCIATES 401(K) PLAN

Modify criteria and click 'Get History.' For a more specific request, select an Investment and/or Investment Source and/or Transaction from the pull-down menus. To toggle between grouped and ungrouped investment sources, click the button to the right of the Investment Source menu.

Date range: 05/26/1999 to 12/31/1999

Investment: All Investments

Investment Source: All Investment Sources

Transaction: All Transactions

Get History

Now displaying from 05/26/1999 to 12/31/1999 for All Investments and All Investment Sources and All Transactions.

Next 50 Transactions ►

Date	Source	Transaction	Investment	Amount	Share price	Shares
12-31-1999	EMPLOYER MATCH	DIVIDEND	PUTNAM MONEY MARKET FUND	$6.11	$1.000	6.110
12-31-1999	EMPLOYER PROFIT SHARING	DIVIDEND	PUTNAM MONEY MARKET FUND	$15.31	$1.000	15.310
12-31-1999	EMPLOYEE PRE-TAX	DIVIDEND	PUTNAM MONEY MARKET FUND	$28.98	$1.000	28.980
12-31-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	$12.21	$1.000	12.210
12-31-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM INTERNATIONAL GROWTH	$36.63	$29.680	1.234
12-31-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	$36.63	$29.850	1.227
12-31-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	$36.63	$18.750	1.954
12-31-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	$40.70	$1.000	40.700
12-31-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM INTERNATIONAL GROWTH	$122.10	$29.680	4.114
12-31-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	$122.10	$29.850	4.090
12-31-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	$122.10	$18.750	6.512

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Putman 401(K) Plan Member- Shelley Berkley NV 01

12-13-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	$12.21	$1.000	12.210
12-13-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM INTERNATIONAL GROWTH	$36.63	$27.090	1.352
12-13-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	$36.63	$27.500	1.332
12-13-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	$36.63	$18.570	1.973
12-13-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	$40.70	$1.000	40.700
12-13-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM INTERNATIONAL GROWTH	$122.10	$27.090	4.507
12-13-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	$122.10	$27.500	4.440
12-13-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	$122.10	$18.570	6.575
12-13-1999	EMPLOYER MATCH	DIVIDEND	PUTNAM INTERNATIONAL GROWTH	$386.93	$27.090	14.283
12-13-1999	EMPLOYER PROFIT SHARING	DIVIDEND	PUTNAM INTERNATIONAL GROWTH	$1,014.65	$27.090	37.455
12-13-1999	EMPLOYEE PRE-TAX	DIVIDEND	PUTNAM INTERNATIONAL GROWTH	$1,860.58	$27.090	68.681
12-06-1999	EMPLOYER MATCH	DIVIDEND	PUTNAM GROWTH AND INCOME FUND	$558.84	$19.090	29.274
12-06-1999	EMPLOYER PROFIT SHARING	DIVIDEND	PUTNAM GROWTH AND INCOME FUND	$1,450.93	$19.090	76.005
12-06-1999	EMPLOYEE PRE-TAX	DIVIDEND	PUTNAM GROWTH AND INCOME FUND	$2,679.06	$19.090	140.338
12-03-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	$12.21	$1.000	12.210
12-03-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM INTERNATIONAL GROWTH	$36.63	$27.540	1.330
12-03-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	$36.63	$26.710	1.371
12-03-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	$36.63	$21.090	1.737

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Putman 401(K) Plan

Member- Shelley Berkley NV 01

12-03-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	$40.70	$1.000	40.700
12-03-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM INTERNATIONAL GROWTH	$122.10	$27.540	4.434
12-03-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	$122.10	$26.710	4.571
12-03-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	$122.10	$21.090	5.789
11-30-1999	EMPLOYER MATCH	DIVIDEND	PUTNAM MONEY MARKET FUND	$5.93	$1.000	5.930
11-30-1999	EMPLOYER PROFIT SHARING	DIVIDEND	PUTNAM MONEY MARKET FUND	$15.15	$1.000	15.150
11-30-1999	EMPLOYEE PRE-TAX	DIVIDEND	PUTNAM MONEY MARKET FUND	$28.30	$1.000	28.300
11-08-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	$12.21	$1.000	12.210
11-08-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM INTERNATIONAL GROWTH	$36.63	$24.700	1.483
11-08-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	$36.63	$24.710	1.482
11-08-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	$36.63	$21.150	1.732
11-08-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	$40.70	$1.000	40.700
11-08-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM INTERNATIONAL GROWTH	$122.10	$24.700	4.943
11-08-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	$122.10	$24.710	4.941
11-08-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	$122.10	$21.150	5.773
11-05-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	$12.21	$1.000	12.210
11-05-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM INTERNATIONAL GROWTH	$36.63	$24.680	1.484
11-05-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	$36.63	$24.640	1.487

Putman 401(K) Plan Member- Shelley Berkley NV 01

11-05-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	$36.63	$21.060	1.739
11-05-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	$40.70	$1.000	40.700
11-05-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM INTERNATIONAL GROWTH	$122.10	$24.680	4.947

Total

Now displaying transactions 1 through 50 out of 254.

Back to the top

For more information about your funds, or if you would like to receive a prospectus, call your plan's toll-free number between 9 a.m. and 10 p.m. Eastern Time, Monday through Friday. Please read the prospectuses carefully prior to investing.

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Putman 401(K) Plan Member- Shelley Berkley NV 01

Transaction History

NEPHROLOGY AND ENDOCRINE ASSOCIATES 401(K) PLAN

Modify criteria and click 'Get History.' For a more specific request, select an Investment and/or Investment Source and/or Transaction from the pull-down menus. To toggle between grouped and ungrouped investment sources, click the button to the right of the Investment Source menu.

Date range: 05/26/1999 to 12/31/1999

Investment: All Investments

Investment Source: All Investment Sources

Transaction: All Transactions

Get History

Now displaying from 05/26/1999 to 12/31/1999 for All Investments and All Investment Sources and All Transactions.

◄ Previous 50 Transactions Next 50 Transactions ►

Date	Source	Transaction	Investment	Amount	Share price	Shares
11-05-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	$122.10	$24.640	4.955
11-05-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	$122.10	$21.060	5.798
10-29-1999	EMPLOYER PROFIT SHARING	DIVIDEND	PUTNAM MONEY MARKET FUND	$0.01	$1.000	0.010
10-29-1999	EMPLOYEE PRE-TAX	DIVIDEND	PUTNAM MONEY MARKET FUND	$0.02	$1.000	0.020
10-29-1999	EMPLOYER MATCH	DIVIDEND	PUTNAM MONEY MARKET FUND	$5.26	$1.000	5.260
10-29-1999	EMPLOYER PROFIT SHARING	DIVIDEND	PUTNAM MONEY MARKET FUND	$13.69	$1.000	13.690
10-29-1999	EMPLOYEE PRE-TAX	DIVIDEND	PUTNAM MONEY MARKET FUND	$25.23	$1.000	25.230
10-13-1999	EMPLOYER MATCH	TRANSFER IN	PUTNAM INTERNATIONAL GROWTH	$57.11	$23.450	2.435
10-13-1999	EMPLOYER MATCH	TRANSFER IN	PUTNAM GROWTH OPPORTUNITIES	$57.11	$22.290	2.562
10-13-1999	EMPLOYER MATCH	TRANSFER IN	PUTNAM GROWTH AND INCOME FUND	$28.56	$19.750	1.446
10-13-1999	EMPLOYER MATCH	TRANSFER OUT	PUTNAM MONEY MARKET FUND	$-142.78	$1.000	-142.782

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Putman 401(K) Plan Member- Shelley Berkley NV 01

10-13-1999	EMPLOYER PROFIT SHARING	TRANSFER IN	PUTNAM INTERNATIONAL GROWTH	$147.91	$23.450	6.307
10-13-1999	EMPLOYER PROFIT SHARING	TRANSFER IN	PUTNAM GROWTH OPPORTUNITIES	$147.92	$22.290	6.636
10-13-1999	EMPLOYER PROFIT SHARING	TRANSFER IN	PUTNAM GROWTH AND INCOME FUND	$73.96	$19.750	3.745
10-13-1999	EMPLOYER PROFIT SHARING	TRANSFER OUT	PUTNAM MONEY MARKET FUND	$-369.79	$1.000	-369.791
10-13-1999	EMPLOYEE PRE-TAX	TRANSFER IN	PUTNAM INTERNATIONAL GROWTH	$273.59	$23.450	11.667
10-13-1999	EMPLOYEE PRE-TAX	TRANSFER IN	PUTNAM GROWTH OPPORTUNITIES	$273.59	$22.290	12.274
10-13-1999	EMPLOYEE PRE-TAX	TRANSFER IN	PUTNAM GROWTH AND INCOME FUND	$136.80	$19.750	6.927
10-13-1999	EMPLOYEE PRE-TAX	TRANSFER OUT	PUTNAM MONEY MARKET FUND	$-683.98	$1.000	-683.979
10-11-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	$12.21	$1.000	12.210
10-11-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM INTERNATIONAL GROWTH	$36.63	$23.630	1.550
10-11-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	$36.63	$23.380	1.567
10-11-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	$36.63	$20.370	1.798
10-11-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	$40.70	$1.000	40.700
10-11-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM INTERNATIONAL GROWTH	$122.10	$23.630	5.167
10-11-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	$122.10	$23.380	5.222
10-11-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	$122.10	$20.370	5.994
10-04-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	$12.21	$1.000	12.210
10-04-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM INTERNATIONAL GROWTH	$36.63	$23.070	1.588

Putman 401(K) Plan Member- Shelley Berkley NV 01

10-04-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	$36.63	$22.560	1.624
10-04-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	$36.63	$20.260	1.808
10-04-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	$40.70	$1.000	40.700
10-04-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM INTERNATIONAL GROWTH	$122.10	$23.070	5.293
10-04-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	$122.10	$22.560	5.412
10-04-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	$122.10	$20.260	6.027
09-30-1999	EMPLOYER PROFIT SHARING	DIVIDEND	PUTNAM MONEY MARKET FUND	$0.01	$1.000	0.010
09-30-1999	EMPLOYEE PRE-TAX	DIVIDEND	PUTNAM MONEY MARKET FUND	$0.01	$1.000	0.010
09-30-1999	EMPLOYER MATCH	DIVIDEND	PUTNAM MONEY MARKET FUND	$6.22	$1.000	6.220
09-30-1999	EMPLOYER PROFIT SHARING	DIVIDEND	PUTNAM MONEY MARKET FUND	$16.45	$1.000	16.450
09-30-1999	EMPLOYEE PRE-TAX	DIVIDEND	PUTNAM MONEY MARKET FUND	$29.98	$1.000	29.980
09-23-1999	EMPLOYER MATCH	TRANSFER IN	PUTNAM INTERNATIONAL GROWTH	$73.97	$22.630	3.269
09-23-1999	EMPLOYER MATCH	TRANSFER IN	PUTNAM GROWTH OPPORTUNITIES	$73.97	$21.680	3.412
09-23-1999	EMPLOYER MATCH	TRANSFER IN	PUTNAM GROWTH AND INCOME FUND	$98.62	$19.930	4.948
09-23-1999	EMPLOYER MATCH	TRANSFER OUT	PUTNAM MONEY MARKET FUND	$-246.56	$1.000	-246.561
09-23-1999	EMPLOYER PROFIT SHARING	TRANSFER IN	PUTNAM INTERNATIONAL GROWTH	$194.90	$22.630	8.612
09-23-1999	EMPLOYER PROFIT SHARING	TRANSFER IN	PUTNAM GROWTH OPPORTUNITIES	$194.90	$21.680	8.990
09-23-1999	EMPLOYER PROFIT SHARING	TRANSFER IN	PUTNAM GROWTH AND INCOME FUND	$259.87	$19.930	13.039

Putman 401(K) Plan Member- Shelley Berkley NV 01

09-23-1999	EMPLOYER PROFIT SHARING	TRANSFER OUT	PUTNAM MONEY MARKET FUND	$-649.67	$1.000	-649.667
09-23-1999	EMPLOYEE PRE-TAX	TRANSFER IN	PUTNAM INTERNATIONAL GROWTH	$356.21	$22.630	15.741
09-23-1999	EMPLOYEE PRE-TAX	TRANSFER IN	PUTNAM GROWTH OPPORTUNITIES	$356.21	$21.680	16.430

Total

Now displaying transactions 51 through 100 out of 254.

Back to the top

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Putman 401(K) Plan Member- Shelley Berkley NV 01

Transaction History

NEPHROLOGY AND ENDOCRINE ASSOCIATES 401(K) PLAN

Modify criteria and click 'Get History.' For a more specific request, select an Investment and/or Investment Source and/or Transaction from the pull-down menus. To toggle between grouped and ungrouped investment sources, click the button to the right of the Investment Source menu.

Date range: 05/26/1999 to 12/31/1999

Investment: All Investments

Investment Source: All Investment Sources

Transaction: All Transactions

Get History

Now displaying from 05/26/1999 to 12/31/1999 for All Investments and All Investment Sources and All Transactions.

◄ Previous 50 Transactions Next 50 Transactions ►

Date	Source	Transaction	Investment	Amount	Share price	Shares
09-23-1999	EMPLOYEE PRE-TAX	TRANSFER IN	PUTNAM GROWTH AND INCOME FUND	$474.94	$19.930	23.830
09-23-1999	EMPLOYEE PRE-TAX	TRANSFER OUT	PUTNAM MONEY MARKET FUND	$-1,187.36	$1.000	-1,187.364
09-13-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	$12.21	$1.000	12.210
09-13-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM INTERNATIONAL GROWTH	$36.63	$23.250	1.575
09-13-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	$36.63	$22.170	1.652
09-13-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	$36.63	$21.090	1.737
09-13-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	$40.70	$1.000	40.700
09-13-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM INTERNATIONAL GROWTH	$122.10	$23.250	5.252
09-13-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	$122.10	$22.170	5.507
09-13-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	$122.10	$21.090	5.789

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Putman 401(K) Plan Member- Shelley Berkley NV 01

09-07-1999	EMPLOYER MATCH	DIVIDEND	PUTNAM GROWTH AND INCOME FUND	$32.04	$21.210	1.511
09-07-1999	EMPLOYER PROFIT SHARING	DIVIDEND	PUTNAM GROWTH AND INCOME FUND	$86.03	$21.210	4.056
09-07-1999	EMPLOYEE PRE-TAX	DIVIDEND	PUTNAM GROWTH AND INCOME FUND	$155.19	$21.210	7.317
09-03-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	$12.21	$1.000	12.210
09-03-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM INTERNATIONAL GROWTH	$36.63	$22.700	1.614
09-03-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	$36.63	$22.180	1.651
09-03-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	$36.63	$21.460	1.707
09-03-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	$40.70	$1.000	40.700
09-03-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM INTERNATIONAL GROWTH	$122.10	$22.700	5.379
09-03-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	$122.10	$22.180	5.505
09-03-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	$122.10	$21.460	5.690
08-31-1999	EMPLOYER MATCH	DIVIDEND	PUTNAM MONEY MARKET FUND	$6.55	$1.000	6.550
08-31-1999	EMPLOYER PROFIT SHARING	DIVIDEND	PUTNAM MONEY MARKET FUND	$17.70	$1.000	17.700
08-31-1999	EMPLOYEE PRE-TAX	DIVIDEND	PUTNAM MONEY MARKET FUND	$31.79	$1.000	31.790
08-16-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	$12.21	$1.000	12.210
08-16-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM INTERNATIONAL GROWTH	$36.63	$22.210	1.649
08-16-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	$36.63	$21.510	1.703
08-16-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	$36.63	$21.570	1.698

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Putman 401(K) Plan

Member- Shelley Berkley NV 01

08-16-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	$40.70	$1.000	40.700
08-16-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM INTERNATIONAL GROWTH	$122.10	$22.210	5.498
08-16-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	$122.10	$21.510	5.676
08-16-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	$122.10	$21.570	5.661
08-16-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	$12.21	$1.000	12.210
08-16-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM INTERNATIONAL GROWTH	$36.63	$22.210	1.649
08-16-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	$36.63	$21.510	1.703
08-16-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	$36.63	$21.570	1.698
08-16-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	$40.70	$1.000	40.700
08-16-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM INTERNATIONAL GROWTH	$122.10	$22.210	5.498
08-16-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	$122.10	$21.510	5.676
08-16-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	$122.10	$21.570	5.661
08-09-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	$12.21	$1.000	12.210
08-09-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM INTERNATIONAL GROWTH	$36.63	$21.840	1.677
08-09-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	$36.63	$20.540	1.783
08-09-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	$36.63	$21.360	1.715
08-09-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	$40.70	$1.000	40.700
08-09-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM INTERNATIONAL GROWTH	$122.10	$21.840	5.591

Putman 401(K) Plan Member- Shelley Berkley NV 01

08-09-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	$122.10	$20.540	5.944
08-09-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	$122.10	$21.360	5.716
07-30-1999	EMPLOYER MATCH	DIVIDEND	PUTNAM MONEY MARKET FUND	$0.01	$1.000	0.010
07-30-1999	EMPLOYER PROFIT SHARING	DIVIDEND	PUTNAM MONEY MARKET FUND	$0.03	$1.000	0.030

Total

Now displaying transactions 101 through 150 out of 254.

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Transaction History

NEPHROLOGY AND ENDOCRINE ASSOCIATES 401(K) PLAN

Modify criteria and click 'Get History.' For a more specific request, select an Investment and/or Investment Source and/or Transaction from the pull-down menus. To toggle between grouped and ungrouped investment sources, click the button to the right of the Investment Source menu.

Date range: 05/26/1999 **to** 12/31/1999

Investment: All Investments

Investment Source: All Investment Sources

Transaction: All Transactions

Get History

Now displaying from 05/26/1999 to 12/31/1999 for All Investments and All Investment Sources and All Transactions.

◄ Previous 50 Transactions Next 50 Transactions ►

Date	Source	Transaction	Investment	Amount	Share price	Shares
07-30-1999	EMPLOYEE PRE-TAX	DIVIDEND	PUTNAM MONEY MARKET FUND	$0.06	$1.000	0.060
07-30-1999	EMPLOYER MATCH	DIVIDEND	PUTNAM MONEY MARKET FUND	$6.42	$1.000	6.420
07-30-1999	EMPLOYER PROFIT SHARING	DIVIDEND	PUTNAM MONEY MARKET FUND	$17.63	$1.000	17.630
07-30-1999	EMPLOYEE PRE-TAX	DIVIDEND	PUTNAM MONEY MARKET FUND	$31.33	$1.000	31.330
07-26-1999	EMPLOYER MATCH	TRANSFER IN	PUTNAM INTERNATIONAL GROWTH	$61.05	$21.780	2.803
07-26-1999	EMPLOYER MATCH	TRANSFER IN	PUTNAM GROWTH OPPORTUNITIES	$52.32	$21.760	2.404
07-26-1999	EMPLOYER MATCH	TRANSFER IN	PUTNAM GROWTH AND INCOME FUND	$61.04	$22.020	2.772
07-26-1999	EMPLOYER MATCH	TRANSFER OUT	PUTNAM MONEY MARKET FUND	$-174.41	$1.000	-174.413
07-26-1999	EMPLOYER PROFIT SHARING	TRANSFER IN	PUTNAM INTERNATIONAL GROWTH	$167.06	$21.780	7.670
07-26-1999	EMPLOYER PROFIT SHARING	TRANSFER IN	PUTNAM GROWTH OPPORTUNITIES	$143.19	$21.760	6.580
07-26-1999	EMPLOYER PROFIT SHARING	TRANSFER IN	PUTNAM GROWTH AND INCOME FUND	$167.06	$22.020	7.587

Putman 401(K) Plan Member- Shelley Berkley NV 01

07-26-1999	EMPLOYER PROFIT SHARING	TRANSFER OUT	PUTNAM MONEY MARKET FUND	$-477.31	$1.000	-477.306
07-26-1999	EMPLOYEE PRE-TAX	TRANSFER IN	PUTNAM INTERNATIONAL GROWTH	$297.46	$21.780	13.657
07-26-1999	EMPLOYEE PRE-TAX	TRANSFER IN	PUTNAM GROWTH OPPORTUNITIES	$254.97	$21.760	11.717
07-26-1999	EMPLOYEE PRE-TAX	TRANSFER IN	PUTNAM GROWTH AND INCOME FUND	$297.47	$22.020	13.509
07-26-1999	EMPLOYEE PRE-TAX	TRANSFER OUT	PUTNAM MONEY MARKET FUND	$-849.90	$1.000	-849.898
07-12-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	$12.21	$1.000	12.210
07-12-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM INTERNATIONAL GROWTH	$36.63	$22.240	1.647
07-12-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	$36.63	$22.810	1.606
07-12-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	$36.63	$22.640	1.618
07-12-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	$40.70	$1.000	40.700
07-12-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM INTERNATIONAL GROWTH	$122.10	$22.240	5.490
07-12-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	$122.10	$22.810	5.353
07-12-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	$122.10	$22.640	5.393
07-01-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	$12.21	$1.000	12.210
07-01-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM INTERNATIONAL GROWTH	$36.63	$21.930	1.670
07-01-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	$36.63	$22.390	1.636
07-01-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	$36.63	$22.580	1.622
07-01-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	$40.70	$1.000	40.700

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Putman 401(K) Plan

Member- Shelley Berkley NV 01

07-01-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM INTERNATIONAL GROWTH	$122.10	$21.930	5.568
07-01-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	$122.10	$22.390	5.453
07-01-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	$122.10	$22.580	5.407
06-30-1999	EMPLOYER MATCH	DIVIDEND	PUTNAM MONEY MARKET FUND	$8.13	$1.000	8.130
06-30-1999	EMPLOYER PROFIT SHARING	DIVIDEND	PUTNAM MONEY MARKET FUND	$22.76	$1.000	22.760
06-30-1999	EMPLOYEE PRE-TAX	DIVIDEND	PUTNAM MONEY MARKET FUND	$39.91	$1.000	39.910
06-28-1999	EMPLOYER MATCH	TRANSFER IN	PUTNAM INTERNATIONAL GROWTH	$76.07	$21.490	3.540
06-28-1999	EMPLOYER MATCH	TRANSFER IN	PUTNAM GROWTH OPPORTUNITIES	$66.56	$21.490	3.097
06-28-1999	EMPLOYER MATCH	TRANSFER IN	PUTNAM GROWTH AND INCOME FUND	$47.55	$21.970	2.164
06-28-1999	EMPLOYER MATCH	TRANSFER OUT	PUTNAM MONEY MARKET FUND	$-190.18	$1.000	-190.175
06-28-1999	EMPLOYER PROFIT SHARING	TRANSFER IN	PUTNAM INTERNATIONAL GROWTH	$211.13	$21.490	9.825
06-28-1999	EMPLOYER PROFIT SHARING	TRANSFER IN	PUTNAM GROWTH OPPORTUNITIES	$184.73	$21.490	8.596
06-28-1999	EMPLOYER PROFIT SHARING	TRANSFER IN	PUTNAM GROWTH AND INCOME FUND	$131.95	$21.970	6.006
06-28-1999	EMPLOYER PROFIT SHARING	TRANSFER OUT	PUTNAM MONEY MARKET FUND	$-527.81	$1.000	-527.811
06-28-1999	EMPLOYEE PRE-TAX	TRANSFER IN	PUTNAM INTERNATIONAL GROWTH	$372.34	$21.490	17.326
06-28-1999	EMPLOYEE PRE-TAX	TRANSFER IN	PUTNAM GROWTH OPPORTUNITIES	$325.80	$21.490	15.161
06-28-1999	EMPLOYEE PRE-TAX	TRANSFER IN	PUTNAM GROWTH AND INCOME FUND	$232.71	$21.970	10.592
06-28-1999	EMPLOYEE PRE-TAX	TRANSFER OUT	PUTNAM MONEY MARKET FUND	$-930.85	$1.000	-930.852

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06-24-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	$12.21	$1.000	12.210
06-24-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM INTERNATIONAL GROWTH	$36.63	$21.600	1.696
06-24-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	$36.63	$21.090	1.737

Total

Now displaying transactions 151 through 200 out of 254.

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Transaction History

NEPHROLOGY AND ENDOCRINE ASSOCIATES 401(K) PLAN

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Date range: 05/26/1999 **to** 12/31/1999

Investment: All Investments

Investment Source: All Investment Sources

Transaction: All Transactions

Get History

Now displaying from 05/26/1999 to 12/31/1999 for All Investments and All Investment Sources and All Transactions.

◄ Previous 50 Transactions Next 50 Transactions ►

Date	Source	Transaction	Investment	Amount	Share price	Shares
06-24-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	$36.63	$21.790	1.681
06-24-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	$40.70	$1.000	40.700
06-24-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM INTERNATIONAL GROWTH	$122.10	$21.600	5.653
06-24-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	$122.10	$21.090	5.789
06-24-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	$122.10	$21.790	5.603
06-15-1999	EMPLOYER MATCH	TRANSFER IN	PUTNAM INTERNATIONAL GROWTH	$62.99	$21.260	2.963
06-15-1999	EMPLOYER MATCH	TRANSFER IN	PUTNAM GROWTH OPPORTUNITIES	$73.48	$20.190	3.639
06-15-1999	EMPLOYER MATCH	TRANSFER IN	PUTNAM GROWTH AND INCOME FUND	$73.48	$22.050	3.332
06-15-1999	EMPLOYER MATCH	TRANSFER OUT	PUTNAM MONEY MARKET FUND	$-209.95	$1.000	-209.949
06-15-1999	EMPLOYER PROFIT SHARING	TRANSFER IN	PUTNAM INTERNATIONAL GROWTH	$175.94	$21.260	8.276

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Putman 401(K) Plan Member- Shelley Berkley NV 01

06-15-1999	EMPLOYER PROFIT SHARING	TRANSFER IN	PUTNAM GROWTH OPPORTUNITIES	$205.26	$20.190	10.166
06-15-1999	EMPLOYER PROFIT SHARING	TRANSFER IN	PUTNAM GROWTH AND INCOME FUND	$205.26	$22.050	9.309
06-15-1999	EMPLOYER PROFIT SHARING	TRANSFER OUT	PUTNAM MONEY MARKET FUND	$-586.46	$1.000	-586.457
06-15-1999	EMPLOYEE PRE-TAX	TRANSFER IN	PUTNAM INTERNATIONAL GROWTH	$308.93	$21.260	14.531
06-15-1999	EMPLOYEE PRE-TAX	TRANSFER IN	PUTNAM GROWTH OPPORTUNITIES	$360.41	$20.190	17.851
06-15-1999	EMPLOYEE PRE-TAX	TRANSFER IN	PUTNAM GROWTH AND INCOME FUND	$360.42	$22.050	16.346
06-15-1999	EMPLOYEE PRE-TAX	TRANSFER OUT	PUTNAM MONEY MARKET FUND	$-1,029.76	$1.000	-1,029.758
06-09-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	$12.21	$1.000	12.210
06-09-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM INTERNATIONAL GROWTH	$36.63	$21.300	1.720
06-09-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	$36.63	$20.830	1.759
06-09-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	$36.63	$22.060	1.660
06-09-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	$40.70	$1.000	40.700
06-09-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM INTERNATIONAL GROWTH	$122.10	$21.300	5.732
06-09-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	$122.10	$20.830	5.862
06-09-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	$122.10	$22.060	5.535
06-07-1999	EMPLOYER MATCH	DIVIDEND	PUTNAM GROWTH AND INCOME FUND	$29.62	$22.340	1.326
06-07-1999	EMPLOYER PROFIT SHARING	DIVIDEND	PUTNAM GROWTH AND INCOME FUND	$83.23	$22.340	3.726
06-07-1999	EMPLOYEE PRE-TAX	DIVIDEND	PUTNAM GROWTH AND INCOME FUND	$145.57	$22.340	6.516

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Putman 401(K) Plan Member- Shelley Berkley NV 01

06-01-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	$12.21	$1.000	12.210
06-01-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM INTERNATIONAL GROWTH	$36.63	$20.600	1.778
06-01-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	$36.63	$20.210	1.812
06-01-1999	EMPLOYER MATCH	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	$36.63	$22.000	1.665
06-01-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM MONEY MARKET FUND	$40.70	$1.000	40.700
06-01-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM INTERNATIONAL GROWTH	$122.10	$20.600	5.927
06-01-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH OPPORTUNITIES	$122.10	$20.210	6.042
06-01-1999	EMPLOYEE PRE-TAX	CONTRIBUTIONS	PUTNAM GROWTH AND INCOME FUND	$122.10	$22.000	5.550
05-28-1999	EMPLOYER MATCH	DIVIDEND	PUTNAM MONEY MARKET FUND	$0.50	$1.000	0.500
05-28-1999	EMPLOYER PROFIT SHARING	DIVIDEND	PUTNAM MONEY MARKET FUND	$1.41	$1.000	1.410
05-28-1999	EMPLOYEE PRE-TAX	DIVIDEND	PUTNAM MONEY MARKET FUND	$2.45	$1.000	2.450
05-26-1999	EMPLOYER MATCH	TRANSFER IN	PUTNAM MONEY MARKET FUND	$2,074.57	$1.000	2,074.570
05-26-1999	EMPLOYER MATCH	TRANSFER IN	PUTNAM INTERNATIONAL GROWTH	$6,223.72	$20.500	303.596
05-26-1999	EMPLOYER MATCH	TRANSFER IN	PUTNAM GROWTH OPPORTUNITIES	$6,223.71	$20.430	304.636
05-26-1999	EMPLOYER MATCH	TRANSFER IN	PUTNAM GROWTH AND INCOME FUND	$6,223.71	$22.190	280.474
05-26-1999	EMPLOYER MATCH	TRANSFER OUT	PRIOR INVESTMENT	$-20,745.71	$0.000	0.000
05-26-1999	EMPLOYER PROFIT SHARING	TRANSFER IN	PUTNAM MONEY MARKET FUND	$5,863.16	$1.000	5,863.160
05-26-1999	EMPLOYER PROFIT SHARING	TRANSFER IN	PUTNAM INTERNATIONAL GROWTH	$17,589.48	$20.500	858.023

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Putman 401(K) Plan Member- Shelley Berkley NV 01

05-26-1999	EMPLOYER PROFIT SHARING	TRANSFER IN	PUTNAM GROWTH OPPORTUNITIES	$17,589.48	$20.430	860.963
05-26-1999	EMPLOYER PROFIT SHARING	TRANSFER IN	PUTNAM GROWTH AND INCOME FUND	$17,589.48	$22.190	792.676
05-26-1999	EMPLOYER PROFIT SHARING	TRANSFER OUT	PRIOR INVESTMENT	$-58,631.60	$0.000	0.000
05-26-1999	EMPLOYEE PRE-TAX	TRANSFER IN	PUTNAM MONEY MARKET FUND	$10,213.73	$1.000	10,213.730
Total						

Now displaying transactions 201 through 250 out of 254.

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Transaction History

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Date range: 05/26/1999 **to** 12/31/1999

Investment: All Investments

Investment Source: All Investment Sources

Transaction: All Transactions

Get History

Now displaying from 05/26/1999 to 12/31/1999 for All Investments and All Investment Sources and All Transactions.

◄ Previous 50 Transactions

Date	Source	Transaction	Investment	Amount	Share price	Shares
05-26-1999	EMPLOYEE PRE-TAX	TRANSFER IN	PUTNAM INTERNATIONAL GROWTH	$30,641.20	$20.500	1,494.693
05-26-1999	EMPLOYEE PRE-TAX	TRANSFER IN	PUTNAM GROWTH OPPORTUNITIES	$30,641.19	$20.430	1,499.814
05-26-1999	EMPLOYEE PRE-TAX	TRANSFER IN	PUTNAM GROWTH AND INCOME FUND	$30,641.19	$22.190	1,380.856
05-26-1999	EMPLOYEE PRE-TAX	TRANSFER OUT	PRIOR INVESTMENT	$-102,137.31	$0.000	0.000
Total				$17,860.71		N/A

Now displaying transactions 251 through 254 out of 254.

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Charles Schwab

Member- Shelley Berkley NV 01

SCHWAB ONE TRUST ACCOUNT

Statement

ACCOUNT NUMBER	PERIOD COVERED	LAST STATEMENT	PAGE
LV [redacted]	DEC 1 - DEC 31 1999	NOV 1999	1

TITLE OF ACCOUNT	OFFICE SERVING YOUR ACCOUNT
LAWRENCE M LEHRNER TTEE LEHRNER FAMILY LIVING TRUST U/A DTD 02/22/96 187 REED LN HENDERSON NV 89014-0637	3773 HOWARD HUGHES PARKWAY SUITE 100N LAS VEGAS, NV 89109 *BRANCH HOURS: 8AM-5PM M-F*

FOR QUESTIONS, CALL SCHWAB SIGNATURE SERVICES 1-800-435-8804 *** ACCOUNT OPENED IN: 1994

STATUS OF KEY VALUES AS OF DEC 31 1999	
Investments Owned	$274,329.84
Money Funds Balance	$533.60
Net Portfolio Value	$274,863.44
Ending Cash Balance	$459.58
TOTAL ACCOUNT VALUE	$275,323.02
Change in Value from 11/99	$7,658.97
Checkwriting or VISA Limit	$531.00

ACCOUNT TRANSACTION SUMMARY	
OPENING CASH BALANCE	$.00
Investment Sales	$97,468.33
Investment Income	$10,786.56
Total Credits	$108,254.89
Investment Purchases	($107,793.16)
Money Fund Purch/Reinvest	($2.15)
Total Debits	($107,795.31)
ENDING CASH BALANCE	$459.58

INVESTMENT INCOME SUMMARY

SOURCE OF INCOME	CURRENT PERIOD	YEAR TO DATE
FEDERALLY TAXABLE		
Cash Dividends	$739.01	$1,915.90
Capital Gains	$9,541.99	$11,724.85
Subtotal	$10,281.00	$13,640.75
FEDERALLY TAX EXEMPT		
Cash Dividends	$503.41	$5,885.33
Money Funds Dividends	$2.15	$1,098.33
Subtotal	$505.56	$6,983.66
TOTAL INVESTMENT INCOME	$10,786.56	$20,624.41

RATE SUMMARY AS OF 12/31	
TEF Yield*	3.83%
STF Yield*	4.63%
Schwab 1 Yield	4.70%
Margin Loan Rate	8.00% to 9.50%

* 7 Day Annualized Yield. Please see reverse for more information.

PORTFOLIO POSITION DETAIL

CATEGORY	ST	LONG/SHORT	QUOTE SYMBOL	QUANTITY	INVESTMENT DESCRIPTION	LATEST PRICE	MARKET VALUE
STOCKS	C	Long	HIG	84.4339	HARTFORD FINL SVCS GRP ODDLOT TENDER/PURCHASE Dividends Reinvested	47.3750	$4,000.06
	C	Long	IIN	18.7028	I T T INDUSTRIES INC INDIANA Dividends Reinvested	33.4375	$625.37
	C	Long	IBM	40.4930	INTL BUSINESS MACHINES Dividends Reinvested	107.8750	$4,368.18
	C	Long	HOT	64.4124	STARWOOD HTLS & RESORTS PAIRED SHS 1 CL B SH BEN Dividends Reinvested	23.5000	$1,513.69
	C	Long	WLA	218.9157	WARNER LAMBERT COMPANY Dividends Reinvested	81.9375	$17,937.41
MUTUAL FUNDS	C	Long	PEOPX	457.393	DREYFUS S&P 500 INDEX	42.9100	$19,626.73
	C	Long	FIIIX	1914.958	INVESCO EQUITY INCOME FD	15.2500	$29,203.11
	C	Long	JAWWX	616.594	JANUS WORLDWIDE FUND	76.4300	$47,126.28

* * * CONTINUED ON NEXT PAGE * * *

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SEE REVERSE SIDE FOR STATEMENT INFORMATION.

Member: New York Stock Exchange, Inc. and other principal stock and option exchanges

Member- Shelley Berkley NV 01

Charles Schwab Statement

SCHWAB ONE TRUST ACCOUNT

ACCOUNT NUMBER	PERIOD COVERED	LAST STATEMENT	PAGE
LV [redacted]	DEC 1 - DEC 31 1999	NOV 1999	2

PORTFOLIO POSITION DETAIL

CATEGORY	ST	LONG/ SHORT	QUOTE SYMBOL	QUANTITY	INVESTMENT DESCRIPTION	LATEST PRICE	MARKET VALUE
	C	Long	NGUAX	1376.879	NB GUARDIAN FUND NEUBERGER BERMAN	18.5000	$25,472.26
	C	Long	NBSSX	689.120	NB FOCUS FUND NEUBERGER BERMAN	39.1000	$26,944.59
	C	Long	SHYTX	8119.247	SCUDDER HI YIELD TX FREE	12.0100	$97,512.16
MONEY FUNDS	C	Long		533.60	SCH MUNI MONEY FUND	1.0000	$533.60
Net Portfolio Value					$274,863.44		

ACCOUNT TRANSACTION DETAIL

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
*****			Opening Cash Balance		$.00
12/10	Div For Reinvest		INTL BUSINESS MACHINES		$4.85
12/10	Div For Reinvest		WARNER LAMBERT COMPANY		$43.68
12/10	Reinvested Shares	10.982	JANUS WORLDWIDE FUND	70.7300	($776.79)
12/10	Reinvested Shares	.226	JANUS WORLDWIDE FUND	70.7300	($16.02)
12/10	Cap Gains Rein		JANUS WORLDWIDE FUND		$776.79
12/10	Div For Reinvest		JANUS WORLDWIDE FUND		$16.02
12/13	Reinvested Shares	.0452	INTL BUSINESS MACHINES	107.1875	($4.85)
12/13	Reinvested Shares	.5247	WARNER LAMBERT COMPANY	83.2500	($43.68)
12/13	Reinvested Shares	315.766	N & B GUARDIAN NEUBERGER & BERMAN	18.0400	($5,696.41)
12/13	Reinvested Shares	4.086	N & B GUARDIAN NEUBERGER & BERMAN	18.0400	($73.71)
12/13	Reinvested Shares	4.086	N & B GUARDIAN NEUBERGER & BERMAN	18.0400	($73.71)
12/13	Div For Reinvest		N & B GUARDIAN		$73.71
12/13	Sttm Cap Gn Rein		N & B GUARDIAN		$73.71
12/13	Cap Gains Rein		N & B GUARDIAN		$5,696.41
12/13	Reinvested Shares	77.618	N & B FOCUS FUND NEUBERGER & BERMAN	37.7400	($2,929.30)
12/13	Reinvested Shares	7.362	N & B FOCUS FUND NEUBERGER & BERMAN	37.7400	($277.83)
12/13	Reinvested Shares	.160	N & B FOCUS FUND NEUBERGER & BERMAN	37.7400	($6.04)
12/13	Sttm Cap Gn Rein		N & B FOCUS FUND		$277.83
12/13	Div For Reinvest		N & B FOCUS FUND		$6.04
12/13	Cap Gains Rein		N & B FOCUS FUND		$2,929.30
12/22	Reinvested Shares	2.138	DREYFUS S&P 500 INDEX	41.9500	($89.70)
12/22	Reinvested Shares	3.325	DREYFUS S&P 500 INDEX	41.9500	($139.49)
12/22	Reinvested Shares	3.421	DREYFUS S&P 500 INDEX	41.9500	($143.52)
12/22	Div For Reinvest		DREYFUS S&P 500 INDEX		$143.52
12/22	Sttm Cap Gn Rein		DREYFUS S&P 500 INDEX		$89.70
12/22	Cap Gains Rein		DREYFUS S&P 500 INDEX		$139.49
12/28	Reinvested Shares	.660	INVESCO EQUITY INCOME FD	15.0800	($9.95)
12/28	Div For Reinvest		INVESCO EQUITY INCOME FD		$9.95
12/28	Sold 12/27	10559.949-	STRONG HIGH YIELD MUNI B OND FD	9.2300	$97,468.33
12/29	Bought 12/28	8115.598	SCUDDER HI YIELD TX FREE	12.0100	($97,468.33)
12/31	Reinvested Shares	3.649	SCUDDER HI YIELD TX FREE	12.0100	($43.83)
12/31	Div For Reinvest		SCUDDER HI YIELD TX FREE		$43.83
12/31	Cash Dividend		STRONG HIGH YIELD MUNI B OND FD		$459.58
*****			Ending Cash Balance		$459.58

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Member- Shelley Berkley NV 01

Charles Schwab — **Form 1099** with Account Summary

TAX YEAR 1999

Page 2
Date Prepared: January 21, 2000

Payer's Name and Address

CHARLES SCHWAB & CO., INC.
101 MONTGOMERY ST.
SAN FRANCISCO, CA 94104

Federal ID Number: 94-1737782

Recipient's Name and Address

LAWRENCE M LEHRNER TTEE
LEHRNER FAMILY LIVING
TRUST
U/A DTD 02/22/96
187 REED LN
HENDERSON NV 89014

Taxpayer ID Number: [redacted]
Account Number: LV[redacted]

SUMMARY INFORMATION (continued)

Proceeds From Broker Transactions (Less Commissions) - 1999 — **Form 1099-B**

Department of the Treasury-Internal Revenue Service — Copy B for Recipient (OMB No. 1545-0715)

1A-Sale Date	**	*1B-Cusip Number*	*Quantity*	*5-Description*	*2-Sale Proceeds (Less Commission)*	*4-Federal Income Tax Withheld*
03/29/99	S	69316H106	714.1680	PBHG GROWTH FUND	$ 17,290.01	$ 0.00
05/26/99	C	459200101	0.3694	INTL BUSINESS MACHINES	42.64	0.00
12/27/99	S	863345104	10,559.9490	STRONG HIGH YIELD MUNI B	97,468.33	0.00
		Total Proceeds From Broker Transactions (Less Commissions)			$ 114,800.98	
		Total Federal Income Tax Withheld				$ 0.00

** ACTIVITY CODES				
C = Cash in lieu	E = Exchange	P = Principal	S = Sale	T = Tender
CV = Conversion	M = Cash Merger	R = Redemption	SS = Short Sale	

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the I.R.S. determines that it has not been reported. If you should have any questions regarding information being reported on this form please call us at 1-800-435-4000 (Select "tax" from the mean of choices on the automated voice system).

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Member- Shelley Berkley NV 01

Charles Schwab

Form 1099
with Account Summary

TAX YEAR 1999

Date Prepared: January 21, 2000

Taxpayer ID Number: 290-42-1732
Account Number: LV[redacted]

ACCOUNT SUMMARY

The information in this and all subsequent sections is not being provided to the IRS by Charles Schwab. It is being provided to you as additional tax reporting information that you may need to complete your tax return.

DETAIL INFORMATION

Dividends and Distributions

Cusip Number	*Description*	*Paid in 1999*	*Paid/Adjusted in 2000 for 1999*	*Amount*
Dividends				**1099 DIV-Box 1**
26200Q105	DREYFUS S&P 500 INDEX	$ 143.52	$ 0.00	$ 143.52
416515104	HARTFORD FINL SVCS GRP	75.12	0.00	75.12
450911102	I T T INDUSTRIES INC	11.10	0.00	11.10
459200101	INTL BUSINESS MACHINES	19.07	0.00	19.07
46127Y106	INVESCO INDUSTRIAL INCOM	324.42	0.00	324.42
46128W109	INVESCO EQUITY INCOME FD	129.98	0.00	129.98
471023309	JANUS WORLDWIDE FUND	16.02	18.92	34.94
641224209	N & B GUARDIAN	199.62	0.00	199.62
641224506	N & B FOCUS FUND	6.04	0.00	6.04
85590A203	STARWOOD HTLS & RESORTS	28.63	0.00	28.63
855905204	STARWOOD HTLS & RESORXXX	0.00	0.00	0.00
934488107	WARNER LAMBERT COMPANY	173.92	0.00	173.92
Total Dividends		**$ 1,127.44**	**$ 18.92**	**$ 1,146.36**
Short Term Capital Gains				
26200Q105	DREYFUS S&P 500 INDEX	$ 89.70	$ 0.00	$ 89.70
46128W109	INVESCO EQUITY INCOME FD	347.22	0.00	347.22
641224209	N & B GUARDIAN	73.71	0.00	73.71
641224506	N & B FOCUS FUND	277.83	0.00	277.83
Total Short Term Capital Gains		**$ 788.46**	**$ 0.00**	**$ 788.46**
Total Ordinary Dividends (Dividends and Short Term Capital Gains)		**$ 1,915.90**	**$ 18.92**	**$ 1,934.82**

Cusip Number	*Description*	*Paid in 1999*	*Paid/Adjusted in 2000 for 1999*	*Amount*
Capital Gain Distributions				
20% Rate Gain				
26200Q105	DREYFUS S&P 500 INDEX	$ 139.49	$ 0.00	$ 139.49
46128W109	INVESCO EQUITY INCOME FD	2,182.86	0.00	2,182.86
471023309	JANUS WORLDWIDE FUND	776.79	0.00	776.79
641224209	N & B GUARDIAN	5,696.41	0.00	5,696.41
641224506	N & B FOCUS FUND	2,929.30	0.00	2,929.30
Total Rate Gain(Included in Box 2A)		**$ 11,724.85**	**$ 0.00**	**$ 11,724.85**
Total Capital Gain Distributions		**$ 11,724.85**	**$ 0.00**	**$ 11,724.85**

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Member- Shelley Berkley NV 01

Charles Schwab — **Form 1099** with Account Summary

TAX YEAR 1999

Date Prepared: January 21, 2000

Taxpayer ID Number: [redacted]
Account Number: LV[redacted]

ACCOUNT SUMMARY (CONTINUED)

DETAIL INFORMATION (continued)

Dividends and Distributions (continued)

Cusip Number	Description	Paid in 1999	Paid/Adjusted in 2000 for 1999	Amount
Foreign Tax Paid				**1099 DIV-Box 6**
471023309	JANUS WORLDWIDE FUND	$ 0.00	$ (18.92)	$ (18.92)
Total Foreign Tax Paid		**$ 0.00**	**$ (18.92)**	**$ (18.92)**

SUPPLEMENTAL INFORMATION

Tax-Exempt Dividends

Cusip Number	Description	Paid in 1999	Paid/Adjusted in 2000 for 1999	Amount
808515308	SCH MUNI MONEY FUND	$ 1,098.33	$ 0.00	$ 1,098.33
811170208	SCUDDER HI YIELD TX FREE	43.83	0.00	43.83
863345104	STRONG HIGH YIELD MUNI B	5,841.50	0.00	5,841.50
Total Tax-Exempt Dividends		**$ 6,983.66**	**$ 0.00**	**$ 6,983.66**

Investment Activity for 1999 - Stocks

Activity	Quantity	Security Description	Trade Date	Settle Date	Price	Net Amount
REINVEST	0.3307	HARTFORD FINL SVCS GRP	01/05/99		55.1875	$ (18.25)
REINVEST	0.3160	HARTFORD FINL SVCS GRP	04/05/99		58.0000	(18.33)
REINVEST	0.3249	HARTFORD FINL SVCS GRP	07/02/99		59.1875	(19.23)
REINVEST	0.4881	HARTFORD FINL SVCS GRP	10/04/99		39.5625	(19.31)
REINVEST	0.0695	I T T INDUSTRIES INC	01/05/99		39.6875	(2.76)
REINVEST	0.0778	I T T INDUSTRIES INC	04/05/99		35.6250	(2.77)
REINVEST	0.0705	I T T INDUSTRIES INC	07/02/99		39.4375	(2.78)
REINVEST	0.0874	I T T INDUSTRIES INC	10/04/99		31.9375	(2.79)
REINVEST	0.0246	INTL BUSINESS MACHINES	03/11/99		182.1875	(4.48)
REINVEST	0.0425	INTL BUSINESS MACHINES	06/11/99		114.9839	(4.89)
REINVEST	0.0359	INTL BUSINESS MACHINES	09/13/99		135.1861	(4.85)
REINVEST	0.0452	INTL BUSINESS MACHINES	12/13/99		107.1875	(4.85)
REINVEST	0.2705	STARWOOD HTLS & RESORTS	04/26/99		35.1250	(9.50)
REINVEST	0.3493	STARWOOD HTLS & RESORTS	07/23/99		27.3125	(9.54)
REINVEST	0.4721	STARWOOD HTLS & RESORTS	10/25/99		20.3125	(9.59)
REINVEST	0.6065	WARNER LAMBERT COMPANY	03/11/99		71.3750	(43.29)
REINVEST	0.6756	WARNER LAMBERT COMPANY	06/11/99		64.2500	(43.41)
REINVEST	0.6679	WARNER LAMBERT COMPANY	09/13/99		65.1875	(43.54)
REINVEST	0.5247	WARNER LAMBERT COMPANY	12/13/99		83.2500	(43.68)

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Member- Shelley Berkley NV 01

Charles Schwab — **Form 1099** with Account Summary

TAX YEAR 1999

Page 5
Date Prepared: January 21, 2000

Taxpayer ID Number: [redacted]
Account Number: LV[redacted]

ACCOUNT SUMMARY (CONTINUED)

SUPPLEMENTAL INFORMATION (continued)

Total Purchases/Adjustments - Stocks	$	(307.84)
Total Proceeds/Adjustments - Stocks	$	0.00

Investment Activity for 1999 - Mutual Funds

Activity	Quantity	Security Description	Trade Date	Settle Date	Price	Net Amount
BUY	448.5090	DREYFUS S&P 500 INDEX	03/30/99	03/31/99	38.5500	$ (17,290.01)
REINVEST	2.1380	DREYFUS S&P 500 INDEX	12/22/99		41.9500	(89.70)
REINVEST	3.3250	DREYFUS S&P 500 INDEX	12/22/99		41.9500	(139.49)
REINVEST	3.4210	DREYFUS S&P 500 INDEX	12/22/99		41.9500	(143.52)
REINVEST	6.9740	INVESCO EQUITY INCOME FD	08/31/99		15.9000	(110.89)
REINVEST	7.9120	INVESCO EQUITY INCOME FD	11/30/99		15.1700	(120.03)
REINVEST	22.8890	INVESCO EQUITY INCOME FD	11/30/99		15.1700	(347.22)
REINVEST	143.8930	INVESCO EQUITY INCOME FD	11/30/99		15.1700	(2,182.86)
REINVEST	0.6600	INVESCO EQUITY INCOME FD	12/28/99		15.0800	(9.95)
REINVEST	8.9230	INVESCO INDUSTRIAL INCOM	03/31/99		15.4100	(137.51)
REINVEST	4.7960	INVESCO INDUSTRIAL INCOM	05/28/99		15.8500	(76.02)
REINVEST	10.9820	JANUS WORLDWIDE FUND	12/10/99		70.7300	(776.79)
REINVEST	0.2260	JANUS WORLDWIDE FUND	12/10/99		70.7300	(16.02)
REINVEST	77.6180	N & B FOCUS FUND	12/13/99		37.7400	(2,929.30)
REINVEST	0.1600	N & B FOCUS FUND	12/13/99		37.7400	(6.04)
REINVEST	7.3620	N & B FOCUS FUND	12/13/99		37.7400	(277.83)
REINVEST	1.8010	N & B GUARDIAN	03/30/99		23.2600	(41.90)
REINVEST	1.6560	N & B GUARDIAN	06/29/99		25.3400	(41.97)
REINVEST	1.9570	N & B GUARDIAN	09/29/99		21.4800	(42.04)
REINVEST	4.0860	N & B GUARDIAN	12/13/99		18.0400	(73.71)
REINVEST	4.0860	N & B GUARDIAN	12/13/99		18.0400	(73.71)
REINVEST	315.7660	N & B GUARDIAN	12/13/99		18.0400	(5,696.41)
BUY	8,115.5980	SCUDDER HI YIELD TX FREE	12/28/99	12/29/99	12.0100	(97,468.33)
REINVEST	3.6490	SCUDDER HI YIELD TX FREE	12/31/99		12.0100	(43.83)
REINVEST	43.4960	STRONG HIGH YIELD MUNI B	01/29/99		10.3200	(448.88)
REINVEST	43.1890	STRONG HIGH YIELD MUNI B	02/26/99		10.2900	(444.41)
REINVEST	48.3150	STRONG HIGH YIELD MUNI B	03/31/99		10.2700	(496.19)
REINVEST	52.3600	STRONG HIGH YIELD MUNI B	04/30/99		10.2800	(538.26)
REINVEST	45.5830	STRONG HIGH YIELD MUNI B	05/28/99		10.1700	(463.58)
REINVEST	47.8790	STRONG HIGH YIELD MUNI B	06/30/99		10.0200	(479.75)
REINVEST	51.6070	STRONG HIGH YIELD MUNI B	07/30/99		10.0200	(517.10)
REINVEST	50.3050	STRONG HIGH YIELD MUNI B	08/31/99		9.7900	(492.49)
REINVEST	50.5040	STRONG HIGH YIELD MUNI B	09/30/99		9.7000	(489.89)
REINVEST	54.4760	STRONG HIGH YIELD MUNI B	10/29/99		9.4200	(513.16)
REINVEST	52.8890	STRONG HIGH YIELD MUNI B	11/30/99		9.4200	(498.21)

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Member
Shelley Berkley
NV 01

SALOMON SMITH BARNEY
A member of citigroup

Ref: 00005285 00029458

Prime Broker Statement
December 1 - December 31, 1999

530L999401517800005285 299365AD01 SELFO015A
DR. LAWRENCE LEHRNER, TTEE
THE LEHRNER FAMILY TRUST
DTD 02/22/96
187 REED LN.
HENDERSON NV 89014-0637

SALOMON SMITH BARNEY INC.
Your Financial Consultant

J.DORIAN MCKELVY
SAND HILL COMMONS
2882 SAND HILL RD
MENLO PARK CA 94025
650-853-8111

Select Service Center:1-800-423-7248

Account number [redacted]

Copies of this statement have also been sent to:

FISHER INVESTMENT CO.

Account value

Cash balance	$ 22,854.52
Stocks - Long	2,368,757.21
Short trading account balance	0.00
Margin account balance	1,815.09
Net value this period	$ 2,393,426.82
Net value last period	$ 2,276,681.04

The information on this statement is provided on a trade date basis. Settlement date information is only displayed in the "Settlement date cash balance" section.

Earnings summary

	This period	This year Taxable	This year Non-taxable
Interest	$ 124.72	$ 1,056.18	$ 0.00
Dividends	2,736.81	29,747.71	0.00
Total	$ 2,861.53	$ 30,803.89	$ 0.00

Additional summary information

	This period	This year
Return of capital	$ 0.00	$ 36.00
FRGN tax withheld	84.05	2,144.99

Gain/loss summary

	This period	This year
Realized gain or (loss)	$ 61,426.62	$ 61,426.62
Unrealized gain or (loss)	650,259.73	*Not applicable*

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Ref: 00005285 00028459

Prime Broker Statement
December 1 - December 31, 1999

DR. LAWRENCE LEHRNER, TTEE Account number: [redacted]

Cash and money funds balance

	Cash/margin account	Short account
Opening balance	$ 21,802.13	$ 0.00
Securities bought and other subtractions	0.00	0.00
Securities sold and other additions	0.00	0.00
Withdrawals	0.00	
Interest credited	124.72	
Dividends credited	2,652.76	
Closing balance	$ 24,669.61	$ 0.00

Settlement date cash balance

The information provided on this document is based upon trade date activity. Listed below are your settlement date balances.

	Amount
Cash	$ 22,854.52
Portfolio CreditLine	1,815.09

Portfolio details

The values of your holdings are as of 12/31/99.

Stocks

Common stocks - Long	Exchange	No. of shares	Price	Yield	Anticipated income (annualized)	U.S. Dollar Market value	Research* Rating	Comment
DAIMLERCHRYSLER AG-EUR	NYSE	301	$ 78.00	3.205%	$ 752.50	$ 23,478.00	2/M	Symbol: DCX
AT&T CORP	NYSE	675	50.813	1.731	594.00	34,298.78	1/M	Symbol: T\Rated: B+
ABBOTT LABORATORIES	NYSE	800	36.313	1.872	544.00	29,050.40	2/L	Symbol: ABT\Rated: A+
ALCATEL SA ADR	NYSE	900	45.00	.777	315.00	40,500.00	3/H	Symbol: ALA
AMERICAN HOME PRODUCTS CORP	NYSE	800	39.25	2.343	736.00	31,400.00	2/H	Symbol: AHP\Rated: A+
AMER INTERNATIONAL GROUP INC	NYSE	500	108.125	.184	100.00	54,062.50	2/L	Symbol: AIG\Rated: A+
ASTRAZENECA PLC SPON ADR GBP	NYSE	807	41.75	1.618	545.53	33,692.25	3/H	Symbol: AZN
AXA UAP SPONS ADR	NYSE	500	71.00	1.08	383.50	35,500.00	1/M	Symbol: AXA
BANCO BILBAO VIZCAYA S A SPONSORED ADR	NYSE	1,800	14.188	2.347	599.40	25,538.40	3/M	Symbol: BBV
BANK OF AMERICA CORP	NYSE	800	50.188	3.985	1,200.00	30,112.80	1/H	Symbol: BAC\Rated: A-
BANK OF TOKYO MITSUBISHI ADR-USD	NYSE	2,600	13.938	.466	169.00	36,238.80		Symbol: MBK
BELL ATLANTIC CORP	NYSE	600	61.563	2.501	924.00	36,937.80	1/M	Symbol: BEL\Rated: B+
BELLSOUTH CORP	NYSE	900	46.813	1.623	684.00	42,131.70	3/M	Symbol: BLS\Rated: B+

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SALOMON SMITH BARNEY

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Member
Shelley Berkley
NY 00

Prime Broker Statement
December 1 - December 31, 1999

Ref: 00005285 00029460

DR. LAWRENCE LEHRNER, TTEE Account number [redacted]

Stocks *continued*

Common stocks - Long	Exchange	No of shares	Price	Yield	Anticipated Income (annualized)	U S Dollar Market value	Research* Rating	Comment
BERKSHIRE HATHAWAY INC CLASS B	NYSE	29	$ 1,830.00			$ 53,070.00		Symbol: BRKB
BRISTOL MYERS SQUIBB CO	NYSE	600	64 188	1.526	588.00	38,512.80	1/M	Symbol: BMY\Rated A
CISCO SYS INC	OTC	550	107.125			58,918.75	1/M	Symbol: CSCO\Rated: B+
CITIGROUP INC	NYSE	1,000	55.688	1.005	560.00	55,688.00		Symbol: C\Rated: A
COCA-COLA CO	NYSE	700	58.25	1.098	448.00	40,775.00	2/L	Symbol: KO\Rated: A+
DELL COMPUTER CORP	OTC	1,200	51.00			61,200.00	1/H	Symbol: DELL\Rated: B
DEUTSCHE TELEKOM AG SPON ADR	NYSE	800	71.00	.664	377.60	56,800.00	2/M	Symbol: DT
EXXON MOBIL CORP	NYSE	400	80.563	2.184	704.00	32,225.20	1/L	Symbol: XOM\Rated: A
FEDERAL NATIONAL MORTGAGE ASSN	NYSE	450	62.438	1.729	486.00	28,097.10	1/M	Symbol: FNM\Rated A
FIAT S P A SPONSORED ADR REPSTG ORD CAD	NYSE	650	30.125	.79	154.70	19,581.25	4/H	Symbol: FIA
FORD MOTOR CO	NYSE	600	53.313	3.751	1,200.00	31,987.80	3/M	Symbol: F\Rated: B+
FUJI PHOTO FILM CO LTD ADR NEW -USD-	OTC	900	38.25	.389	134.10	34,425.00		Symbol: FUJIY
GENERAL ELECTRIC CO	NYSE	500	154.75	1.059	820.00	77,375.00	1/L	Symbol: GE\Rated: A+
HITACHI LTD-ADR-10 COM-NEW USD	NYSE	300	161.875	.387	188.40	48,562.50	2/M	Symbol: HIT
HOME DEPOT INC	NYSE	1,050	68.75	.232	168.00	72,187.50	1/L	Symbol: HD\Rated: A+
ING GROEP NV SPONS ADR	NYSE	550	61.00	1.829	612.80	33,550.00	1/M	Symbol: ING
INTEL CORP	OTC	800	82.313	.145	96.00	65,850.40	1/M	Symbol: INTC\Rated: A-
INTL BUSINESS MACHINES CORP	NYSE	400	107.875	.444	192.00	43,150.00	1/M	Symbol: IBM\Rated. B
JOHNSON & JOHNSON	NYSE	600	93.25	1.201	672.00	55,950.00	2/L	Symbol: JNJ\Rated: A+
KONINKLIJKE PHILIPS ELECTRONIC-EUR SPONS ADR NEW N V	NYSE	322	135.00	.684	297.53	43,470.00		Symbol: PHG
ELI LILLY & CO	NYSE	600	66.50	1.563	624.00	39,900.00	3/H	Symbol: LLY\Rated: A-
LUCENT TECHNOLOGIES INC	NYSE	700	75.00	.106	56.00	52,500.00	1/M	Symbol: LU
MCI WORLDCOM INC	OTC	900	53.063			47,756.70	1/M	Symbol: WCOM\Rated: B
MERCK & CO INC	NYSE	650	67.188	1.726	754.00	43,672.20	3/M	Symbol: MRK\Rated: A+
MICROSOFT CORP	OTC	600	116.75			70,050.00	1/M	Symbol: MSFT\Rated: A-
NEC CORP ADR -USD-	OTC	400	121.875	.187	91.20	48,750.00	2/H	Symbol: NIPNY
NOKIA CORP SPONSORED ADR EACH REPSTG "A" SH	NYSE	225	191.063	.283	121.73	42,989.18	1/M	Symbol: NOK
NORSK HYDRO A S SPONSORED ADR-USD	NYSE	450	42.75	1.913	368.10	19,237.50	3/M	Symbol: NHY
PFIZER INC	NYSE	1,200	32.438	1.109	432.00	38,925.60	1/H	Symbol: PFE\Rated: A
PHILIP MORRIS COS INC	NYSE	1,200	23.00	8.347	2,304.00	27,600.00	1/S	Symbol: MO\Rated: A

Member
Shelley Berkley
NV 01

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SALOMON SMITH BARNEY
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Ref: 00005285 00029481

Prime Broker Statement
December 1 - December 31, 1999

DR. LAWRENCE LEHRNER, TTEE Account number [redacted]

Stocks
continued

Common stocks - Long	Exchange	No. of shares	Price	Yield	Anticipated income (annualized)	U S Dollar Market value	Research* Rating	Comment
PORTUGAL TELECOM SA SPONS ADR	NYSE	1,500	$ 10.875	1.747%	$ 285.00	$ 16,312.50	1/M	Symbol: PT
PROCTER & GAMBLE CO	NYSE	350	109.563	1.168	448.00	38,347.05	3/L	Symbol: PG\Rated: A
REPSOL S A SPONSORED ADR -USD-	NYSE	2,400	23.25	1.333	744.00	55,800.00	1/M	Symbol: REP
ROYAL DUTCH PETROLEUM CO NY REGISTRY SH PAR N GLDR 1.25 DEN-EUR	NYSE	500	60.563	2.225	674.00	30,281.50	2/L	Symbol: RD
SBC COMMUNICATIONS INC	NYSE	900	48.75	2.00	877.50	43,875.00	1/M	Symbol: SBC\Rated: A-
SAN PAOLO-IMI SPA, TORINO-ITL	NYSE	940	27.375	2.535	652.36	25,732.50	2/M	Symbol: IMI
SCHERING PLOUGH CORP	NYSE	800	42.375	1.179	400.00	33,900.00	1/M	Symbol: SGP\Rated: A +
SONY CORP-ADR-AMERICAN SHS NEW	NYSE	225	284.75	.143	91.80	64,068.75	1/M	Symbol: SNE
TELE DANMARK A/S SPON ADR REPSTG CL B SHS -USD-	NYSE	800	37.75	1.34	404.80	30,200.00	2/M	Symbol: TLD
TIME WARNER HOLDINGS CO	NYSE	750	72.313	.248	135.00	54,234.75	1/H	Symbol: TWX\Rated: B-
TOTAL SA SPONSORED ADR-USD	NYSE	450	69.25	1.249	389.25	31,162.50	1/L	Symbol: TOT
VOLVO AKTIEBOLAGET ADR B -USD-	OTC	700	25.25	2.40	424.20	17,675.00	3/M	Symbol: VOLVY
WAL-MART STORES INC	NYSE	1,000	69.125	289	200.00	69,125.00	1/L	Symbol: WMT\Rated: A +
WESTPAC BKG LTD SPONSORED ADR -USD-	NYSE	650	34.375	4.064	908.05	22,343.75	1/L	Symbol: WBK
Total stocks - Long					$ 26,832.05	$ 2,368,757.21		

*Please refer to the back of page 1 for definitions of research ratings.

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Member Shelley Berkley NV 01
Purchases Salomon Smith Barney Account 1999

Date	Stock	Price	Shares	Total Cost
1/15/99	Pfizer	115.312	400	46,157.00
1/21/99	MCI WorldCom	79.555	600	47,771.82
1/21/99	Schering Plough	54.629	800	43,766.96
4/14/99	Philip Morris	35 3/4	600	21,498.00
4/30/99	Eli Lilly	73.332	200	14,693.44
5/13/99	Coca-Cola	66	200	13,230.00
5/28/99	Lucent	56.312	700	39,474.75
7/30/99	Home Depot	63.938	700	44,805.25
7/30/99	Sony	125 1/8	225	28,178.13
11/29/99	Berkshire Hathaway	1,868.83	15	28,048.34
11/30/99	Merck & Co	79.957	150	12,018.58
11/30/99	Time Warner Holding	61.712	750	46,336.58

SALOMON SMITH BARNEY
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Prime Broker Statement
Forms 1099 for 1999

Ref: 00008206 00061850

DR. LAWRENCE LEHRNER, TTEE
Account Number [redacted] **SS #** [redacted]

Payer	Your Financial Consultant	
SALOMON SMITH BARNEY INC.	J.DORIAN MCKELVY	DR. LAWRENCE LEHRNER, TTEE
388 GREENWICH STREET	SALOMON SMITH BARNEY INC.	THE LEHRNER FAMILY TRUST
NEW YORK, NEW YORK 10013	SAND HILL COMMONS	DTD 02/22/96
Attn: Tax Reporting Service Center	2882 SAND HILL RD	187 REED LN.
Tax ID Number 11-2418191	MENLO PARK CA 94025	HENDERSON NV
	Branch Office : 850-853-6120	89014-0637

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1099-B Proceeds from Broker and Barter Exchange Transactions 1999

(OMB#1545-0715)

Gross proceeds from each transaction are individually reported to the IRS after deducting commissions. For bond transactions, accrued income is also deducted. Taxable accrued interest is reported on Form 1099-INT and included in your "Details of 1099 Reported Interest Income".

Reference number	Date of sale (Box 1a)	CUSIP number (Box 1b)	Quantity	Description (Box 8)	Price	Gross proceeds less commissions (Box 2)	Federal income tax withheld (Box 4)
20000200	11/29/99	013904305001	800	ALCATEL SA ADR	$ 39.316	$ 31,396.07	
20000400	04/07/99	046298105001	1,600	ASTRA AB SPONS ADR REPSTG A SHS REPORTABLE PROCEEDS ON 1,600.0000 SHARES EXCHANGED ON 04/07/99		37,424.62	
20000700	01/19/99	059458208001	900	BANCO BILBAO VIZCAYA S A SPONSORED ADR	15.508	13,888.45	
20001000	01/22/99	166751107000	450	CHEVRON CORP	79.00	35,506.81	
20001100	01/12/99	17275R102000	300	CISCO SYS INC	100.143	30,012.16	
20001300	11/29/99	17275R102000	350	CISCO SYS INC	94.812	33,158.27	
20001500	07/28/99	172967101000	500	CITIGROUP INC	48.00	23,964.20	
20001800	01/13/99	251566105001	300	DEUTSCHE TELEKOM AG SPON ADR	36.207	10,828.79	
20002100	04/27/99	254687106000	750	WALT DISNEY HOLDING CO	33.027	24,709.72	
20002200	01/20/99	263534109000	500	E I DU PONT DE NEMOURS & CO	54.851	27,379.93	
20002300	05/28/99	29665F200001	1,100	ESPIRITO SANTO FINL HLDGS SA SPON ADR	15.289	16,737.32	

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SALOMON SMITH BARNEY
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Prime Broker Statement
Forms 1099 for 1999

Ref: 00008208 00081851

DR. LAWRENCE LEHRNER, TTEE
Account Number: [redacted] **SS-#** [redacted]

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1099-B Proceeds from Broker and Barter Exchange Transactions 1999 - *continued*

(OMB#1545-0715)

Reference number	Date of sale (Box 1a)	CUSIP number (Box 1b)	Quantity	Description (Box 5)	Price	Gross proceeds less commissions (Box 2)	Federal income tax withheld (Box 4)
120002600	07/27/99	433578507001	200	HITACHI LTD-ADR-10 COM-NEW USD	$ 98.699	$ 19,712.30	
120003000	07/28/99	459200101000	100	INTL BUSINESS MACHINES CORP	127.876	12,788.22	
120003900	07/28/99	029050204001	300	NEC CORP ADR -USD-	75.831	22,721.63	
120004000	01/12/99	654902204001	200	NOKIA CORP SPONSORED ADR EACH REPSTG "A" SH	134.026	26,777.42	
120004200	11/29/99	654902204001	175	NOKIA CORP SPONSORED ADR EACH REPSTG "A" SH	151.125	26,420.99	
120004800	05/28/99	78387G103000	300	SBC COMMUNICATIONS INC	51.062	15,288.23	
120005100	01/13/99	879242105001	250	TELE DANMARK A/S SPON ADR REPSTG CL B SHS -USD-	69.043	17,230.27	
Totals						$ 426,926.40	

SALOMON SMITH BARNEY
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Prime Broker Statement
1999 Year End Summary

gt: 00008208 00081853

DR. LAWRENCE LEHRNER, TTEE
Account Number [redacted] SS.# [redacted]

Details of 1099 Reported Interest Income 1999

he following details show how we derived your total interest reported on Form 1099-INT.
mounts in Box 1 and Box 3 include any taxable accrued interest received.

eference umber	Description	Interest income not included in box 3 (Box 1)	Early withdrawal penalty (Box 2)	US Savings Bonds and other US Treasury interest (Box 3)	Federal income tax withheld (Box 4)	Investment expenses (Box 5)	Foreign tax paid (Box 6)
30000100	INTEREST ON CREDIT BALANCE	$ 1,056.18					
otals in Boxes 1-6		$ 1,056.18					

Details of 1099 Reported Dividends and Distributions 1999, Boxes 1 - 3

he following details show how we derived your total dividends reported on form 1099-DIV. Amount displayed or ordinary dividends include dividend reinvestments, money fund earnings, and accrued dividends received.

Reference number	Description	Ordinary dividends*	Short term capital gain* (Box 1)	Total capital gains distributions (Box 2a)	28% rate gain (Box 2b)	Unrecaptured Sec 1250 gain (Box 2c)	Section 1202 gain (Box 2d)	Nontaxable distributions (Box 3)
150000100	*** DAIMLERCHRYSLER AG-EUR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	$ 753.43	✓					
150000200	AT&T CORP	594.00						
150000300	ABBOTT LABORATORIES	528.00						
150000400	*** ALCATEL SA ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	699.80	✓					
150000500	AMERICAN HOME PRODUCTS CORP	724.00						
150000600	AMER INTERNATIONAL GROUP INC	94.80						
150000700	*** ASTRAZENECA PLC SPON ADR GBP THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	608.23	✓					
150000800	*** AXA UAP SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	451.13	✓					

1999 YEAR END SUMMARY

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SALOMON SMITH BARNEY
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Shelley Berkley
Prime Broker Statement
1999 Year End Summary

Ref: 00008208 00081854

DR. LAWRENCE LEHRNER, TTEE
Account Number [redacted], SS # [redacted]

Details of 1099 Reported Dividends and Distributions 1999, Boxes 1 - 3 - continued

Reference number	Description	Ordinary dividends*	Short term capital gain* (Box 1)	Total capital gains distributions (Box 2a)	28% rate gain (Box 2b)	Unrecaptured Sec. 1250 gain (Box 2c)	Section 1202 gain (Box 2d)	Nontaxable distributions (Box 3)
150000900	*** BANCO BILBAO VIZCAYA S A SPONSORED ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	$ 628.08						$ 36.00
150001000	BANK OF AMERICA CORP	840.00						
150001100	*** BANK OF TOKYO MITSUBISHI ADR-USD THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	198.21						
150001200	BANKAMERICA CORP NEW	270.00						
150001300	BELL ATLANTIC CORP	924.00						
150001400	BELLSOUTH CORP	684.00						
150001500	BRISTOL MYERS SQUIBB CO	516.00						
150001600	CITIGROUP INC	670.00						
150001700	COCA-COLA CO	416.00						
150001800	*** DEUTSCHE TELEKOM AG SPON ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	513.12						
150001900	EXXON CORP	492.00						
150002000	EXXON MOBIL CORP	176.00						
150002100	FEDERAL NATIONAL MORTGAGE ASSN	486.00						
150002200	*** FIAT S P A SPONSORED ADR REPSTG ORD CAD THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	423.66						
150002300	FORD MOTOR CO	1,128.00						
150002400	*** FUJI PHOTO FILM CO LTD ADR NEW -USD- THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	157.76						
150002500	GENERAL ELECTRIC CO	700.00						

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Prime Broker Statement
1999 Year End Summary

Ref: 00008208 00081855

DR. LAWRENCE LEHRNER, TTEE
Account Number [redacted] **SS #** [redacted]

Details of 1099 Reported Dividends and Distributions 1999, Boxes 1 - 3 - *continued*

Reference number	Description	Ordinary dividends*	Short term capital gain* (Box 1)	Total capital gains distributions (Box 2a)	28% rate gain (Box 2b)	Unrecaptured Sec. 1250 gain (Box 2c)	Section 1202 gain (Box 2d)	Nontaxable distributions (Box 3)
150002600	*** HITACHI LTD-ADR-10 COM-NEW USD THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	$ 311.41						
150002700	HOME DEPOT INC	70.00						
150002800	*** ING GROEP NV SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	733.48						
150002900	INTEL CORP	88.00						
150003000	INTL BUSINESS MACHINES CORP	211.00						
150003100	*** ISTITUTO BANCARIO SAN-USD PAOLO DI TORINO-ISTITUTO MOBILIARE ITALIANO S P A THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	894.03						
150003200	JOHNSON & JOHNSON	654.00						
150003300	*** KONINKLIJKE PHILIPS ELECTRONICS NV THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	1,880.73						
150003400	ELI LILLY & CO	506.00						
150003500	LUCENT TECHNOLOGIES INC	28.00						
150003600	MERCK & CO INC	550.00						
150003700	*** NEC CORP ADR -USD- THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	144.46						
50003800	*** NOKIA CORP SPONSORED ADR EACH REPSTG "A" SH THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	206.67						
50003900	*** NORSK HYDRO A S SPONSORED ADR-USD THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	433.32						
50004000	PFIZER INC	368.00						
50004100	PHILIP MORRIS COS INC	1,632.00						

1999 YEAR END SUMMARY

SALOMON SMITH BARNEY
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Ref: 00008208 00081857

Prime Broker Statement
1999 Year End Summary

DR. LAWRENCE LEHRNER, TTEE
Account Number [redacted] SS # [redacted]

Details of 1099 Reported Dividends and Distributions 1999, Boxes 1 - 3 - *continued*

Reference number	Description	Ordinary dividends*	Short term capital gain* (Box 1)	Total capital gains distributions (Box 2a)	28% rate gain (Box 2b)	Unrecaptured Sec. 1250 gain (Box 2c)	Section 1202 gain (Box 2d)	Nontaxable distributions (Box 3)
150005300	WAL-MART STORES INC	$ 188.75						
150005400	*** WESTPAC BKG LTD SPONSORED ADR -USD-	927.75						
Totals		$ 29,747.71						$ 36.00

The total of these two categories equals the amount reported in Form 1099-DIV, Box 1.

Details of 1099 Reported Dividends and Distributions 1999, Boxes 4 - 9

The following details show how we derived your total dividends reported on form 1099-DIV. Amount displayed for ordinary dividends include dividend reinvestments, money fund earnings, and accrued dividends received.

Reference number	Description	Federal income tax withheld (Box 4)	Investment expense (Box 5)	Foreign tax paid (Box 6)	Foreign country or US possession (Box 7)	Liquidation distributions - cash (Box 8)	Liquidation distributions - non cash (Box 9)
150000100	*** DAIMLERCHRYSLER AG-EUR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT			$ 75.34			
150000400	*** ALCATEL SA ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT			174.95			
150000700	*** ASTRAZENECA PLC SPON ADR GBP THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT			60.62			
150000800	*** AXA UAP SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT			112.78			
150000900	*** BANCO BILBAO VIZCAYA S A SPONSORED ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT			157.02			

1999 YEAR END SUMMARY

SALOMON SMITH BARNEY
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Shelley Berkley

Ref: 00008208 00061858

Prime Broker Statement
1999 Year End Summary

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DR. LAWRENCE LEHRNER, TTEE
Account Number [redacted] *SS #* [redacted]

Details of 1099 Reported Dividends and Distributions 1999, Boxes 1 - 3 - *continued*

Reference number	Description	Ordinary dividends*	Short term capital gain* (Box 1)	Total capital gains distributions (Box 2a)	28% rate gain (Box 2b)	Unrecaptured Sec 1250 gain (Box 2c)	Section 1202 gain (Box 2d)	Nontaxable distributions (Box 3)
150004200	*** PORTUGAL TELECOM SA SPONS ADR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	$ 323.16						
150004300	PROCTER & GAMBLE CO	423.50						
150004400	*** REPSOL S A SPONSORED ADR -USD- THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	1,142.72						
50004500	*** ROYAL DUTCH PETROLEUM CO NY REGISTRY SH PAR N GLDR 1.25 DEN-EUR THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	789.19						
50004600	SBC COMMUNICATIONS INC	1,011.76						
50004700	*** SAN PAOLO-IMI SPA, TORINO-ITL	616.63						
50004800	SCHERING PLOUGH CORP	388.00						
50004900	*** SONY CORP-ADR-AMERICAN SHS NEW THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	54.05						
50005000	*** TELE DANMARK A/S SPON ADR REPSTG CL B SHS -USD- THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	539.73						
50005100	*** TOTAL SA SPONSORED ADR-USD THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	457.78						
50005200	*** VOLVO AKTIEBOLAGET ADR B -USD- THIS AMOUNT INCLUDES TAXES PAID TO A FOREIGN GOVERNMENT	498.85						

1999 YEAR END SUMMARY

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 25 PM 9:30
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
INSIDE MAIL
(Office Use Only)

9

CONGRESSMAN HOWARD L. BERMAN
(Full Name)

2330 Rayburn Building
(Mailing Address)

Washington, D.C. 20515

202 225-4695
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 26th	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Howard L. Berman	5/24/00

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$500
	California Cable Television Association	Panel Participant	12/17/99	$1,000.00

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E
SP	SP Mega Corp. Stock					X								X										X								P
DC,	Examples: Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
DC	Bank of America Account CD			X												X							X									
SP DC	Schwab One Account				X									X									X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HOWARD L. BERMAN

Page 5 of 9

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E

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Name HOWARD L. BERMAN

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	NONE														

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Congressional Federal Credit Union		X									
JT	Revolving charge accounts			X								
	(NOTE: 1999 reflects DC											
	--changed to JT)											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Consumer Electronics Manufacturing Association	1/8-1/10	L.A./Las Vegas/L.A.	Y	Y	Y	N
World Economic Forum	1/27-2/1	L.A./Davos Switzerland to L.A.	Y	Y	Y	N
RAND/The Ditchley Foundation	2/4-2/7	WDC/Oxfordshire,UK/WDC	Y	Y	N	N
The Aspen Institute	3/28-4/2	L.A./Beijing/Shanghai to Hartford,CONN.	Y	Y	Y	N
Harvard University's Davis Center for Russian Studies	4/16-4/18	WDC/Harriman,NY/WDC	Y	Y	Y	N
National Music Publishers Association, Inc.	7/19	WDC/New York/WDC	N	N	N	N
Executive Council on Diplomacy	7/23-7/26	WDC/White Sulphur Springs,WVA/WDC	Y	Y	N	Y
The Aspen Institute	8/14-8/21	L.A./Berlin,Germany, to L.A.	Y	Y	Y	Y

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 JUN -7 AM 10: 04
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
INSIDE MAIL
(Office Use Only)

CONGRESSMAN HOWARD L. BERMAN
(Full Name)

2330 Rayburn Building
Washington, D.C. 20515
(Mailing Address)

202 225-4695
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: CA District: 26th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[X] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Howard L. Berman	5/24/00 6/6/00

Name HOWARD L. BERMAN

Page 8 of

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Consumer Electronics Manufacturing Association	1/8-1/10	L.A./Las Vegas/L.A.	Y	Y	Y	N
World Economic Forum	1/27-2/1	L.A./Davos Switzerland to L.A.	Y	Y	Y	N
RAND/The Ditchley Foundation	2/4-2/7	WDC/Oxfordshire,UK/WDC	Y	Y	N	N
The Aspen Institute	3/28-4/2	L.A./Beijing/Shanghai to Hartford,CONN.	Y	Y	Y	N
Harvard University's Davis Center for Russian Studies	4/16-4/18	WDC/Harriman,NY/WDC	Y	Y	Y	N
National Music Publishers Association, Inc.	7/19	WDC/New York/WDC	N	N	N	N
Executive Council on Diplomacy	7/23-7/26	WDC/White Sulphur Springs,WVA/WDC	Y	Y	N	Y/1 Day
The Aspen Institute	8/14-8/21	L.A./Berlin,Germany, to L.A.	Y	Y	Y	Y/2 Days

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NITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
00 MAY 15 PM 3:30
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(10)
HAND DELIVERED
(Office Use Only)

Robert Marion Berry
(Full Name)

1113 Longworth, Washington, DC 20515
(Mailing Address)

(202) 225-4076
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: Arkansas District: First	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

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TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Robert Marion Berry	5-15-00

Name Robert Marion Berry	Page 1 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	CARMAR Lowe, Inc. (Spouse)	Spouse,directors fee	1,200.00
	Marion Berry, Inc. (Spouse)	Spouse, salary	24,000.00
	Mitchell Berry, Inc. (Spouse)	Spouse, salary	4,000.00

For payments to charity in lieu of honoraria, use Schedule II.

Name Robert Marion Berry	Page 2 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
XYZ Magazine	Article	Aug. 13, 1999	$500
~~[illegible]~~			
THE CONNELL COMPANY, WESTFIELD, NJ	SPEECH	3/22/99	$2000

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Name Robert Marion Berry

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B												Block C							Block D											Block E
			A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples*	SP	Mega Corp Stock				X								X										X								P
			Simon & Schuster	Indefinite																	Royalties								X				
			1st Bank of Paducah, KY accounts					X									X									X							
Sp	Marion Berry, Inc.	Note 1						x													salary						x						
	Pecan Post, Inc.	Note 2								x												x											
	Berry Land Co.	Note 3					x														ptrshp income					x							
Sp	CARMAR Lowe, Inc.	Note 4						x													director's fee				x								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert Marion Berry

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	Riceland Foods, Inc. Note 5				X																X											
	Planters & Merchants																															
	Bank of Gillett, AR Note 6			X										X									X									
	Southern Farm Bureau																															
	Life Ins. Co.			X										X								X										
	140 Main St.Gillett,AR		X																		X											
	Marion Berry, Inc.																															
	Profit Sharing Plan						X									X										X						
	Note 7																															
	Planters & Merchants																															
	Bank of Gillett, AR				X											X								X								
	Mony Group, Inc.				X									X								X										
JT	Eastern Mkt. Title	X																		Real Est. Settle.		X										
JT	Bank of America, NA	X														X						X										
JT	Washington, D.C.																															
	Rental (408 3rd St.,							X							X											X						P
	SE, Washington, D.C.																															

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert Marion Berry

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Note 1 closely held farming corporation, Gillett, Arkansas																															
	Note 2 Farm land ownership for rental, DeWitt, Arkansas																															
	Note 3 Family farm partnership, DeWitt, Arkansas																															
	Note 4 Family farm land for rental, Gillett, Arkansas																															
	Note 5 Farm cooperative patronage and equity, Stuttgart, Arkansas																															
	Note 6 Bank stock, Gillett, Arkansas																															
	Note 7 to Marion Berry, Inc. Profit Sharing Plan																															
	A. Stephens Int. Eq. Prem.				X									X							X											
	B. Stephens Spec. Eq. Prem			X										X							X											
	C. Stephens Eq. Growth				X									X										X								
	D. Stephens Eq. Value				X									X												X						
	E. Stephens HIYD bond			X												X					X											
	F. Stephens Ftm. Bond				X											X								X								
	G. Stephens MM Fund			X												X						X										

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SCHEDULE IV — TRANSACTIONS

Name Robert Marion Berry

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-99		X								
Jt	408 3rd Street, SE Washington, D.C.	X			7-20-99					X					

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Name Robert Marion Berry | Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
Jt	Bank of America, NA	mortgage on 408 3rd Street, SE, Washington, D.C.					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
The Faith & Politics Institute	March 5-7	DC-Birmingham-Montgomery-Selma-DC	Y	Y	Y	N
The Aspen Institute	March 19-21	DC-Hershey,PA-DC	Y	Y	Y	N
The Connell Company	March 22	DC- Westerfield, NJ- DC	N	Y	N	N
Assoc. of American Railroads	April 6-12	Memphis-West Palm Beach,FL -DC	Y	Y	Y	3 Days
U.S. Sugar Corporation	April 7	West Palm Beach-Everglades/ Clewiston-WPB	N	Y	Y	N
Democratic Leadership Council	April 30-May 3	DC-New Orleans, LA-DC	Y	Y	Y	N
American Israel Education Fund	August 25-September 2	Memphis-Israel-Memphis	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Berry Land Co.
Director/Secretary	CARMAR Lowe, Inc. (spouse)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
10/93	Marion Berry, Inc.	Retention of benefits under profit sharing plan
10/93	Marion Berry, Inc.	Return to employment upon leaving government office
10/93	CARMAR Lowe, Inc.	Spouse will continue as director/secretary of CARMAR Lowe, Inc.

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 15 PM 4:34
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(17)

MC HAND DELIVERED
(Office Use Only)

Judy Biggert
(Full Name)
425 East Sixth Street
(Mailing Address)
Hinsdale Illinois 60521
Daytime Telephone 630-323-0636

Filer Status: [X] Member of the U.S. House of Representatives — State: Illinois District: 13th; [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15); [ ] Amendment; [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? If yes, complete and attach Schedule VII.	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes [X]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Judy Biggert	May 15, 2000

65-596

309

Name	Page
Judy Biggert	2 of 17

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Seyfarth Shaw Fairweather & Geraldson	Spouse Partnership distribution	
	Illinois General Assembly. State of Illinois	Deferred Compensation	15,000

For payments to charity in lieu of honoraria, use Schedule II.

Name Judy Biggert | Page 3 of 17

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
XYZ Magazine	Article	Aug. 13, 1999	$500
Women's Leadership Council	Speech	June 12, 1999	$ 100

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Name Judy Biggert | Page 4 of 17

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Excluda: Your personal residence(s) (unlass there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples. Mega Corp. Stock					X								X										X								P
DC	Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
	Abbott Laboratories						X							X										X								
	Abbott Laboratories	X																		Capital loss					X							S
	Newell Rubbermate Inc			X										X									X									
	Newell Rubbermate Inc	X																							X							S
	Valspar Corp.					X								X										X								
	Valspar Corp	X															X									X						S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Judy Biggert

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
	Walgreen Co.	I	DIVIDENDS	VI	
	Walgreen Co.	A	CAPITAL GAINS	IX	S
	Intern'l Comfort Prods	A	tender offer	VI	S
SP	Hanover Cap. Mtge Hldgs	B			
SP	Privat. Bank Corp	C	DIVIDENDS	II	P
SP	US Can Corp.	D		I	P
SP	Walgreen Corp.	F	DIVIDENDS	III	
SP	Fort James Sr Nts -	D	INTEREST	IV	E merger
SP	Ford Howard	A			
SP	Fred Meyer Inc	C	INTEREST	IV	P
SP	Oracle Corp Senior Nts	D	INTEREST	III	
SP	PIM Invest Corp's Hopper				
SP	Car (Railroad car)	D	DIVIDENDS	II	
SP	Westminister Fund III	C	INTEREST	IV	
SP	Intern'l Comfort Prods	A	tender	VII	S
SP	Safeway				
SP	Eckhard Corp Sr Sub Notes	A	redeemed	VII	S
SP	Eckhard Corp Sr Sub Notes	D	INTEREST	IV	S
SP	Safeway Inc. Sr Sub		INTEREST	III	
SP	Safeway Inc Sr Sub	A	redeemed	VI	S
	Walgreen Prof. Sharing Retirement	F	distribution	VII	

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Judy Biggert

Page 6 of 17

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
SP	Illinois Tool Works				X									X									X									
SP	State Street Corp					X								X									X									P
SP	Stryker Corp				X									X								X										
SP	US Can Corp			X																	X											
SP	Watson Pharmaceuticals			X																	X											
SP	Watson Pharmaceuticals	X																														S
SP	Williams Cos Inc				X									X								X										P
SP	US Treasury Nts DTD 8.15.97 6.00%					X																										
SP	US Treasury Nts DTD 10/31/01 6.25%						X									X									X							
SP	US Treasury Nts DTD 10/31/97 5.75%						X									X									X							
SP	Federal Nat'l Mtg Ass Med Term Nt 6.25% 3/8/16					X										X							X									
SP	Williams Comm. Sen'l'l's Nts 10.70% 10/1/07					X															X											P
SP	Datumal Financial IEA					X															X											
SP	QXL Com PLC			X																	X											P
SP	QXL Com. PLC	X																									X					S
SP	Amacen	X															X										X					S
SP	New Era of Networks	X															X									X						S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Judy Biggert

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	AFLAC Inc				X									X							X	X										
SP	AT&T				X									X								X										
SP	Allied Irish Banks			X																	X											P
SP	America Online Inc				X																X											P
SP	Amgen				X																X											P
SP	Berkshire Hathway				X																X											P
SP	Lomdisco			X																	X											P
SP	EMC Corp				X																X											P
SP	Freddie Mac Emly				X											X							X									P
SP	General Cable			X										X								X										
SP	Harte-Hanks				X									X								X										P
SP	Intel Corp				X									X								X										
SP	Johnson & Johnson				X									X									X									
SP	M&T Bank						X							X										X								
SP	MBNA Corp						X							X										X								
SP	Microsoft Corp						X														X											
SP	Mutual Risk Hdqrs'm't			X										X								X										
SP	Oracle Corp				X																											P
SP	Murray Risk Mang't	X															X								X							S
SP	Pitcairn Advisors Hldg				X																	X	Return of Capital									
SP	Raymond James Finl			X										X								X										
SP	Southtrust Corp				X									X									X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Judy Biggert

Page 8 of 17

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP	Trustco Bk Corp		DIVIDENDS X	IV X	S
SP	Lockheed Martin	A X	CAPITAL GAINS X	V X	S
SP	Trustco Bk Corp	A X	CAPITAL GAINS X	VI X	S
SP	Applied Power Inc	A X	CAPITAL GAINS X	VII X	S
SP	Trustco Bk Corp	A X	CAPITAL GAINS X	VI X	S
SP	Watsn Pharmaceuticals	A X	CAPITAL GAINS X	V X	S
SP	Aflac	A X	CAPITAL GAINS X	VI X	S
SP	Cinram		DIVIDENDS X	II X	
SP	Cinram	A X		VII X	S
SP	Storage USA	A X		VII X	S
SP	Loreal Space	A X		VII X	S
SP	Federal Farm Cr. Blks	A X	Other Type of Income (Specify): redeemed	VII X	S
SP	Int'l Comfort Prods	C X			P, S
JT	Vanguard Short Term	C X		I X; VII X	
	Harris Bank Trust	C X		II X	
JT	Citibank	D X	INTEREST X	III X	
SP	Nabi Inc Sub NTS Conv. 6.50		INTEREST X	III X	
SP	Nabi INC Sub NTS	A X		VII X	S
SP	Key Energy Servic	A X		VII X	S

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Name Judy Biggert | Page 9 of 17

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Maga Corporation Common Stock	X			10–12–99		X								
	Walgreen Co.		X		1-13-99			X							
	Walgreen Co.		X		1-28-99		X								
	Walgreen Co.		X		2-02-99	X									
	Walgreen Co.		X		2-09-99	X									
	Newell Rubbermaid from Newell				3-25-99										
	Co. [Name change]														
	Valspar Corp		X		4-19-99	X									
	Valspar Corp		X		6-03-99		X								
	Treasury Fund Daily Money Class		X		9-23-99	X									
	Abbott Laboratories		X		10-14-99	X									
	Newell Rubbermaid		X		11-15-99	X									
	International Comfort Products		X		8-13-99	X									
	Valspar Corp		X		12-23-99		X								
	Walgreen Co.		X		8-19-99		X								

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Judy Biggert

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
SP	Fort Howard Corp > merger		X		10-12-99		X								
SP	Fort James	X			10-12-99		X								
SP	US Can	X			1-28-99	X									
SP	International Comfort Products	X			1-28-99	X									
SP	Berkshire Hathway Inc	X			2-04-99		X								
SP	Harte-Hanks Inc	X			2-08-99		X								
SP	Key Energy Services		X		2-10-99	X									
SP	Coca Cola Co.		X		2-12-99	X									
SP	Nabi Inc. Sub Notes Conv. 6.50%		X		2-12-99	X									
SP	US Treasury Notes DTD 10/31/96 6.25% 10/31/2001	X			2-19-99				X						
SP	Eckherd Corp Sr Sub Notes		X		2-16-99		X								
SP	Fred Meyer Inc.	X			2-24-99		X								
SP	Safeway Inc Sub Deb. 9.35%		X		3-15-99	X									
SP	Private Bank Corp	X			7-6-99	X									
SP	Private Bank Corp	X			8-31-99	X									

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SCHEDULE IV — TRANSACTIONS

Name: Judy Biggert | Page 11 of 17

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
SP	Federal Nat'l Mtg Assoc. Med. Term Note	X			3-11-99		X								
SP	6.25% 3/9/06														
SP	Federal Farm Cr. Bank 7.55% 3/25/99 Redemption		X		3-25-99		X								
SP	US Treas. NT 7.00% 4-15/99 Redemption		X		4-15-99				X						
SP	US Treas. Nts DTD 10-31-97	X			4-16-99				X						
SP	Loral Space + Comm. Ltd		X		4-19-99		X								
SP	AT-T Corp	X			4-19-99		X								
SP	Amgen Inc.		X		4-19-99	X									
SP	Applied Power Inds Inc. 1/10/73		X		4-19-99	X									
SP	Oracle Corp	X			4-19-99	X									
SP	Storage USA		X		4-19-99		X								
SP	America Online	X			5-03-99		X								
SP	America Online	X			5-14-99	X									
SP	Cinram Inter. Inc.		X		5-24-99		X								
SP	Vanguard Short Term	X			6-01-99			X							
SP	Aflac		X		6-03-99	X									

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SCHEDULE IV — TRANSACTIONS

Name: Judy Biggert

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
SP	New Era of Networks		X		6-03-99	X									
SP	Lockheed Martin Corp		X		6-14-99	X									
SP	Watson Pharmaceuticals		X		7-07-99	X									
SP	Treasury fund Daily Money Class	X			7-07-99	X									
SP	Amgen Inc.		X		7-27-99	X									
SP	Treasury fund Daily Money Class	X			8-13-99					X					
SP	Intern'l Comfort Prods		X		8-13-99					X					
SP	Pimco Advisors Hldg	X			8-24-99	X									
SP	Trustco Bk Corp		X		8-30-99	X									
SP	Treasury fund Daily Money Class	X			8-30-99	X									
SP	Treasury fund Daily Money Class	X			9-03-99	X									
SP	Trustco Bk Corp		X		9-08-99	X									
SP	Treasury fund Daily Money Class	X			9-08-99	X									
SP	Trustco Bk Corp		X		9-13-99	X									
SP	Treasury fund Daily	X			9-13-99	X									
SP	Allied Irish Banks	X			9-14-99		X								

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SCHEDULE IV — TRANSACTIONS

Name Judy Biggert | Page 13 of 17

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Maga Corporation Common Stock	X			10-12-99		X								
SP	Amgen		X		9.14.99	X									
SP	Applied Power		X		9-14-99		X								
SP	New Era of Networks		X		9.14-99	X									
SP	Treasury Daily Money Fund	X			9-14-99		X								
SP	State Street Corp	X			9-16-99		X								
SP	Treasury Fund Daily Money Fund		X		9-16-99		X								
SP	Treasury Fund Daily Money Fund	X			10-04-99	X									
SP	Trust Co Bk Corp Ny		X		10.05-99	X									
SP	Treasury Fund Daily Money Class	X			10-05-99	X									
SP	Treasury Fund Daily Money Class		X		10-08-99					X					
SP	Mutual Risk Mgmt Ltd	X			10-15-99	X									
SP	Treasury Fund Daily Money Class		X		10-15-99	X									
SP	Lockheed Martin Corp		X		10-19-99	X									
SP	Treasury Fund Daily Money Class	X			10-19-99	X									
SP	EMC Corp	X			10-25-99		X								
SP	Treasury Fund Daily Money Class		X		10-25-99		X								

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SCHEDULE IV — TRANSACTIONS

Name: Judy Biggert — Page 14 of 17

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
SP	Williams Commun. Senior NTS 10.70%	X			11-17-99		X								
SP	Williams Cos. Inc.	X			11-18-99		X								
SP	Freddie Mac Fmly	X			12-06-99		X								
SP	QXL Com PLC	X			12-07-99	X									
SP	Mutual Risk Managemt LTD		X		12-20-99	X									
SP	QXL Com PLC	X			12-27-99		X								
SP	Comdisco Inc.	X			12-28-99	X									
SP	Internat'l Comfort Prods		X		8-13-99			X							
SP	Trustco Bk Corp		X		9-30-99		X								

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Name Judy Biggert | Page 15 of 17

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
		None										

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
none		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	None						

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Directors	Visiting Nurse Association of Chicago Foundation (Resigned 3/99.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
12/31/98	State of Illinois Employees Deferred Compensation Plan. Illinois General Assembly	Annual payments in July over the next 4 years. Received $15,000 July, 1999. as 1st payment. Balance at 3/13/99. 67,973.
12/31/98	Illinois General Assembly Vested pension plan.	Payout beginning at age 62. Contribution 37,706

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

00 JUN -7 PM 4:16

✓ HAND DELIVERED

ML (Office Use Only)

(17)

Judy Biggert (Full Name)
425 East Sixth Street (Mailing Address)
Hinsdale Illinois 60521 Daytime Telephone 630-323-0636

Filer Status	☒ Member of the U S House of Representatives	State Illinois District 13th	☐ Officer or Employee — Employing Office
Report Type	☐ Annual (May 15)	☒ Amendment	☐ Termination — Termination Date.

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒	No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Judy Biggert	June 7, 2000

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Onterio County Board of Education	Spouse Salary	NA
	Seyfarth Shaw Fairweather & Geraldson	Spouse Partnership distribution	
	Illinois General Assembly. State of Illinois	Deferred Compensation	15,000

For payments to charity in lieu of honoraria, use Schedule II.

Name Judy Biggert | Page 3 of 17

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
XYZ Magazine	Article	Aug. 13, 1999	$500
Women's Leadership Council	Speech	June 12, 1999	$ 100

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Judy Biggert

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify, For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E P, S, E
SP	Examples:	SP	Mega Corp. Stock				X								X										X								P
			Simon & Schuster		Indefinite																Royalties								X				
			1st Bank of Paducah, KY accounts					X									X									X							
	Abbott Laboratories							X							X										X								
	Abbott Laboratories		X																		Capital loss						X						S
	Newell Rubbermate Inc				X										X									X										
	Newell Rubbermate Inc		X																							X							S
	Valspar Corp.						X								X										X								
	Valspar Corp		X															X										X					S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Judy Biggert

Page 5 of 17

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	Walgreen Co.									X				X												X						
	Walgreen Co.	X															X												X			S
	Intern'l Comfort Prods	X																		tender offer						X						S
SP	Hanover Cap. Mtge Hldgs		X																													
SP	Private Bank Corp			X										X								X										P
SP	US Can Corp.				X																X											P
SP	Walgreen Corp.						X							X									X									
SP	Fort James Sr Nts -				X											X								X								E
SP	Ford Howard	X																														merger
SP	Fred Meyer Inc			X												X								X								P
SP	Oracle Corp Senior Nts				X											X							X									
SP	PIM Invest Cov'd Hopper																															
SP	Car (Railroad car)				X									X								X										
SP	Westminister Fund III			X												X								X								
SP	Intern'l Comfort Prods	X																		tender						X						S
SP	Safeway																															
SP	Eckhard Corp Sr Sub Notes	X																		redeemed						X						S
SP	Eckhard Corp Sr Sub Notes				X											X								X								S
SP	Safeway Inc. Sr Sub															X							X									
SP	Safeway Inc Sr Sub	X																		redeemed						X						S
	Walgreen Pro. Profit Sharing Retirement						X													distribution							X					

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Judy Biggert

Page 6 of 17

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction (P, S, E)
SP	Illinois Tool Works	E $15,001 – $50,000	DIVIDENDS	III $201 – $1,000	
SP	State Street Corp	E $15,001 – $50,000	DIVIDENDS	III $201 – $1,000	P
SP	Stryker Corp	D $15,001 – $50,000	DIVIDENDS	II $1 – $200	
SP	US Can Corp	C $1,001 – $15,000		I None	
SP	Watson Pharmaceuticals	C $1,001 – $15,000		I None	
SP	Watson Pharmaceuticals	A None			S
SP	Williams Cos Inc	D $15,001 – $50,000	DIVIDENDS	II $1 – $200	P
SP	US Treasury Nts DTD 8.15.97 4.00%	E $50,001 – $100,000			
SP	US Treasury Nts DTD 10/31/01 6.25%	F $100,001 – $250,000	INTEREST	V $2,501 – $5,000	
SP	US Treasury Nts DTD 10/31/97 5.75%	F $100,001 – $250,000	INTEREST	V $2,501 – $5,000	
SP	Federal Nat'l Mtg Assn Med Term Nt 6.25% 3/8/06	E $50,001 – $100,000	INTEREST	III $201 – $1,000	
SP	Williams Comm. Sen'l's Nts 10.70% 10/1/07	E $50,001 – $100,000		I None	P
SP	Retirement Financial IRA	E $50,001 – $100,000		I None	
SP	QXL Com PLC	C $1,001 – $15,000		I None	P
SP	QXL Com. PLC	A None		VII $15,001 – $50,000	S
SP	Amgen	A None	CAPITAL GAINS	VII $15,001 – $50,000	S
SP	New Era of Networks	A None	CAPITAL GAINS	VI $5,001 – $15,000	S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Judy Biggert Page 7 of 17

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
SP	AFLAC Inc				X									X							X	X										
SP	AT&T				X									X								X										
SP	Allied Irish Banks			X																	X											P
SP	America Online Inc				X																X											P
SP	Amgen				X																X											P
SP	Berkshire Hathway				X																X											P
SP	Comdisco			X																	X											P
SP	EMC Corp				X																X											P
SP	Freddie Mac Fmly				X											X							X									P
SP	General Cable			X										X								X										
SP	Harte-Hanks				X									X								X										P
SP	Intel Corp				X									X								X										
SP	Johnson & Johnson				X									X									X									
SP	M&T Bank						X							X										X								
SP	MBNA Corp						X							X										X								
SP	Microsoft Corp						X														X											
SP	Mutual Risk Mang'mt			X										X								X										
SP	Oracle Corp				X																											P
SP	Mutual Risk Mang't	X															X									X						S
SP	Pinco Advisors Hldg				X																	X		Return of Capital								
SP	Raymond James Fin'l			X										X								X										
SP	Southtrust Corp				X									X									X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Judy Biggert

Page 8 of 17

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Trustco Bk Corp													X										X							S
SP	Lockheed Martin	X															X								X						S
SP	Trustco Bk Corp	X															X									X					S
SP	Applied Power Inc	X															X										X				S
SP	Trustco Bk Corp	X															X									X					S
SP	Watson Pharmaceuticals	X															X								X						S
SP	Aflac	X															X									X					S
SP	Cinram													X								X									S
SP	Cinram	X																									X				S
SP	Storage USA	X																									X				S
SP	Loreal Spons	X																									X				S
SP	Federal Farm Cr. Bkrs	X																		redeemed							X				S
SP	Int'l Comfort Prods			X																											P, S
JT	Vanguard Short term			X																	X						X				
	Harris Bank Trust			X																		X									
JT	Citibank				X											X							X								
SP	NABI Inc Sub NTS Conv. 6.50															X							X								
SP	Nabi Inc Sub NTS	X																									X				S
SP	Key Energy Servs	X																									X				S
** SP	Coca Cola	X															Capital			Loss	X										S
** SP	Treasury Fund Daily Money Class I					X										X										X					

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SCHEDULE IV — TRANSACTIONS

Name Judy Biggert

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	Walgreen Co.		X		1-13-99			X							
	Walgreen Co.		X		1-28-99		X								
	Walgreen Co.		X		2-02-99	X									
	Walgreen Co.		X		2-09-99	X									
	Newell Rubbermaid from Newell				3-25-99										
	Co. [Name change]														
	Valspar Corp		X		4-19-99	X									
	Valspar Corp		X		6-03-99		X								
	Treasury Fund Daily Money Class		X		9-23-99	X									
	Abbott Laboratories		X		10-14-99	X									
	Newell Rubbermaid		X		11-15-99	X									
	International Comfort Products		X		8-13-99	X									
	Valspar Corp		X		12-23-99		X								
	Walgreen Co.		X		8-19-99		X								

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SCHEDULE IV — TRANSACTIONS

Name Judy Biggert

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
SP	Fort Howard Corp } merger		X		10-12-99		X								
SP	Fort James	X			10-12-99		X								
SP	US Can	X			1-28-99	X									
SP	International Comfort Products	X			1-28-99	X									
SP	Berkshire Hathway Inc	X			2-04-99		X								
SP	Harte-Hanks Inc	X			2-08-99		X								
SP	Key Energy Services		X		2-10-99	X									
SP	Coca Cola Co.		X		2-12-99	X									
SP	Nabi Inc. Sub Notes Conv. 6.50%		X		2-12-99	X									
SP	US Treasury Notes DTD 10/31/96 6.25% 10/31/2001	X			2-19-99				X						
SP	Eckherd Corp Sr Sub Notes		X		2-16-99		X								
SP	Fred Meyer Inc.	X			2-24-99		X								
SP	Safeway Inc Sub Deb. 9.35%		X		3-15-99	X									
SP	Private Bank Corp	X			7-6-99	X									
SP	Private Bank Corp	X			8-31-99	X									

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SCHEDULE IV — TRANSACTIONS

Name: Judy Biggert | Page 11 of 17

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Exemple:* Mega Corporation Common Stock	X			10–12–99		X								
SP	Federal Nat'l Mtg Assoc. Med. Term Note	X			3-11-99		X								
SP	6.25% 3/9/06														
SP	Federal Farm Cr. Bank 7.55% 3/25/99 Redemption		X		3-25-99		X								
SP	US Treas. NT 7.00% 4-15/99 Redemption		X		4-15-99				X						
SP	US Treas. Nts DTD 10-31-97	X			4-16-99				X						
SP	Loral Space & Comm. Ltd		X		4-19-99		X								
SP	AT&T Corp	X			4-19-99		X								
SP	Amgen Inc.		X		4-19-99	X									
SP	Applied Power Inds Inc. 1/10/73		X		4-19-99	X									
SP	Oracle Corp	X			4-19-99	X									
SP	Storage USA		X		4-19-99		X								
SP	America Online	X			5-03-99		X								
SP	America Online	X			5-14-99	X									
SP	Cinram Inter. Inc.		X		5-24-99		X								
SP	Vanguard Short Term	X			6-01-99			X							
SP	Aflac		X		6-03-99	X									

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SCHEDULE IV — TRANSACTIONS

Name: Judy Biggert

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

	SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	SP	*Example:* Maga Corporation Common Stock	X			10–12–99		X								
	SP	New Era of Networks		X		6-03-99	X									
	SP	Lockheed Martin Corp		X		6-14-99	X									
	SP	Watson Pharmaceuticals		X		7-07-99	X									
*	~~SP~~	~~Treasury fund Daily Money Class~~	~~X~~			~~7-07-99~~	~~X~~									
	SP	Amagen Inc.		X		7-27-99	X									
*	~~SP~~	~~Treasury fund Daily Money Class~~	~~X~~			~~8-13-99~~					~~X~~					
	SP	Intern'l Comfort Prods		X		8-13-99					X					
	SP	Pimco Advisors Hldg	X			8-24-99	X									
	SP	Trustco Bk Corp		X		8-30-99	X									
*	~~SP~~	~~Treasury fund Daily Money Class~~	~~X~~			~~8-30-99~~	~~X~~									
*	~~SP~~	~~Treasury fund Daily Money Class~~	~~X~~			~~9-03-99~~	~~X~~									
	SP	Trustco Bk Corp		X		9-08-99	X									
*	~~SP~~	~~Treasury fund Daily Money Class~~	~~X~~			~~9-08-99~~	~~X~~									
	SP	Trustco Bk Corp		X		9-13-99	X									
*	~~SP~~	~~Treasury fund Daily~~	~~X~~			~~9-13-99~~	~~X~~									
	SP	Allied Irish Banks	X			9-14-99		X								

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* Mistakenly reported as an investment asset transaction.

SCHEDULE IV — TRANSACTIONS

Name Judy Biggert | Page 13 of 17

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
SP	Amgen		X		9.14.99	X									
SP	Applied Power		X		9-14-99		X								
SP	New Era of Networks		X		9.14-99	X									
* SP	~~Treasury Daily Money Fund~~	X			~~9-14-99~~		~~X~~								
SP	State Street Corp	X			9-16-99		X								
* SP	~~Treasury Fund Daily Money Fund~~		X		~~9-16-99~~		~~X~~								
* SP	~~Treasury Fund Daily Money Fund~~	X			~~10-04-99~~	X									
SP	Trust Co Bk Corp Ny		X		10.05-99	X									
* SP	~~Treasury Fund Daily Money Class~~	X			~~10-05-99~~	X									
* SP	~~Treasury Fund Daily Money Class~~		X		~~10-06-99~~					X					
SP	Mutual Risk Mgmt Ltd	X			10-15-99	X									
* SP	~~Treasury Fund Daily Money Class~~		X		~~10-15-99~~	X									
SP	Lockheed Martin Corp		X		10-19-99	X									
* SP	~~Treasury Fund Daily Money Class~~	X			~~10-19-99~~	X									
SP	EMC Corp	X			10-25-99		X								
* SP	~~Treasury Fund Daily Money Class~~		X		~~10-25-99~~		~~X~~								

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* Mistakenly reported as an investment asset transaction.

Name Judy Biggert Page 14 of 17

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
SP	Williams Common Sen in NTS 10.71%	X			11-17-99		X								
SP	Williams Cos. Inc.	X			11-18-99		X								
SP	Freddie Mac Fmly	X			12-06-99		X								
SP	QXL Com PLC	X			12-07-99	X									
SP	Mutual Risk Mamagent LTD		X		12-20-99	X									
SP	QXL Com PLC	X			12-27-99		X								
SP	Comdisco Inc.	X			12-28-99	X									
SP	Internat'l Comfort Prods		X		8-13-99			X							
SP	Trustco Bk Corp		X		9-30-99		X								

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Name Judy Biggert | Page 15 of 17

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
		None										

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
none		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	None						

Name	Page
Judy Biggert	17 of 17

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Directors	Visiting Nurse Association of Chicago Foundation (Resigned 3/99.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
12/31/98	State of Illinois Employees Deferred Compensation Plan. Illinois General Assembly	Annual payments in July over the next 4 years. Received $15,000 July, 1999, as 1st payment. Balance at 3/13/99. 67,973.
12/31/58	Illinois General Assembly Vested pension plan.	Payout beginning at age 62. Contribution 37,406

GPO 2000 62-753 (mac)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
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HOUSE OF REPRESENTATIVES
(3)
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(Office Use Only)

Brian Phillip Bilbray
(Full Name)
1530 Longworth House Office Building
(Mailing Address)
Washington, DC 20515
Daytime Telephone
202-225-2040

Filer Status	[X] Member of the U.S. House of Representatives — State: CA District: 49	[ ] Officer or Employee — Employing Office:	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Brian P. Bilbray	5-11-2000

Name Brian Phillip Bilbray	Page 2 of 3

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Bilbray Tax Service	Spouse/Self-emp.	

For payments to charity in lieu of honoraria, use Schedule II.

Name

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP	SP	Mega Corp Stock					X								X										X								P
DC	Examples	Simon & Schuster			Indefinite																Royalties									X			
JT		1st Bank of Paducah, KY accounts						X									X									X							
JT		USAA		X											X									X									
JT		San Diego Credit Union		X											X		X						X										
JT		Schwab		X											X									X									

For additional assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RESOURCE CENTER
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OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

✓ MC (3)

HAND DELIVERED
(Office Use Only)

Brian Phillip Bilbray
(Full Name)
1530 Longworth House Office Building
Washington, DC 20515
(Mailing Address)
Daytime Telephone (202) 225-2040

Filer Status	[X] Member of the U.S. House of Representatives — State: CA District: 49	[ ] Officer or Employee — Employing Office	A *$200 penalty* shall be assessed against anyone who files more than 30 days late.
Report Type	[ ] Annual (May 15) [X] Amendment	[ ] Termination — Termination Date:	

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
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IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Brian P. Bilbray	5/24/00

Name Brian Phillip Bilbray | Page 2 of 3

SCHEDULE I — EARNED INCOME

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	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Bilbray Tax Service	Spouse/Self-emp.	

For payments to charity in lieu of honoraria, use Schedule II.

Name Brian Phillip Bilbray | Page 3 of 3

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

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BLOCK B — Value of Asset at close of reporting year

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: $1,000,001 – $5,000,000	I: $5,000,001 – $25,000,000	J: $25,000,001 – $50,000,000	K: Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: $1,000,001 – $5,000,000	X: Over $5,000,000	Block E: P, S, E
SP, DC, JT	Examples:	SP	Mega Corp Stock					X							X										X								P
			Simon & Schuster		Indefinite																Royalties										X		
			1st Bank of Paducah, KY accounts						X								X									X							
JT	USAA				X										X									X									
JT	San Diego Credit Union				X										X		X						X										
JT	Home Depot					X									X								X										

For additional assets and unearned Income, use next page.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Michael Bilirakis, M.C.
(Full Name)

2369 Rayburn H.O.B.
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-5755

Filer Status [X] Member of the U.S House of Representatives — State: FL District: 09 — [ ] Officer or Employee — Employing Office

Report Type [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date.

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? — Yes [ ] No [X]
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If yes, complete and attach Schedule IX.

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CERTIFICATION

I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.

SIGNATURE OF REPORTING INDIVIDUAL: Michael Bilirakis

DATE (Month/Day/Year): 5/15/00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify tha type of income by writing a brief description iin this block.	BLOCK D **Amount of Income** For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC JT	*Examples:* SP Mega Corp. Stock SP 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	Office Bldg-4538 Bartelt Rd., Holiday, FL	$50.001 - $100.000	Rent	$5.001 - $15.000	
JT	Rental Condo-Gateway Towers, Pittsburgh, PA	$15.001 - $50.000	Rent - Net Loss	$2.501 - $5.000	
SP	Bldg. (1/2) Athens & Pinellas, Tarpon Springs, FL	$15.001 - $50.000	Rent - Net Loss	None	
SP	1/2 of 2 lots (unimproved), Hope Subdiv., Tarpon Springs, FL	$1.001 - $15.000	None	None	
JT	Nations Bank of FL (CDs & Savings)	$15.001 - $50.000	Interest	$1.001 - $2,500	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Nations Bank of FL (MM & Checking)	$1.001 - $15.000	Interest	$1 - $200	
JT	SunTrust Bank (CD, Savings, Stock)	$50.001 - $100.000	Interest, Dividends	$2.501 - $5.000	
JT	Cong. Fed. Credit Union (CDs, Checking, Savings)	$50.001 - $100.000	Interest	$2.501 - $5.000	
JT	A. G. Edwards Cash Fund	$1.001 - $15.000	Interest	$1 - $200	
SP	Fortis Securities	$1.001 - $15.000	Dividends	$201 - $1.000	
SP	FL Bancshares (formerly First Nat. Bank of Pasco) - Stock	$1.001 - $15.000	Dividends	$1 - $200	
JT	First Union Corp. - Stock	$1.001 - $15.000	Dividends	$201 - $1.000	Sold all except 200 shares
SP	A.G. Edwards-Daily Cash Accumulation Fund - IRA	$15.001 - $50.000	Interest	$201 - $1.000	
SP	Putnam High Income Govt. TR IRA	$1.001 - $15.000	Dividends	$201 - $1.000	
SP	Life of Georgia - IRA	$1.001 - $15.000	Interest	$201 - $1.000	
	A.G. Edwards-Daily Cash Accumulation Fund - IRA	$15.001 - $50.000	Interest	$1.001 - $2.500	
	Putnam High Income Govt. TR - IRA	$100.001 - $250.000	Dividends	$2.501 - $5.000	
	A.G. Edwards - Stock - IRA	$15.001 - $50.000	Dividends	$201 - $1.000	Sold all except 607 shares
	IBM - Stock - IRA	$100.001 - $250.000	Dividends	$1.001 - $2.500	
SP	IBM - Stock - IRA	$15.001 - $50.000	Dividends	$201 - $1.000	
JT	Kemper Municipal Bond Fund	$1.001 - $15.000	Interest	$201 - $1.000	
JT	Tech Data Stock	$1.001 - $15.000	None	None	
	Adelphia - Stock - IRA	$15.001 - $50.000	None	None	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Adelphia - Stock - IRA	$15.001 - $50.000	None	None	
JT	Compaq - Stock	$1.001 - $15.000	Dividends	$1 - $200	
JT	Sears Pref. ACC QUIB	$1.001 - $15.000	Interest	$201 - $1.000	
	Home Depot - Stock - IRA	$15.001 - $50.000	Dividends	$1 - $200	
JT	First Union (CD, Savings)	$1.001 - $15.000	Interest	$201 - $1.000	
JT	Gulf West Banks - Stock	$1.001 - $15.000	None	None	P
	Cellstar - Stock - IRA	$1.001 - $15.000	None	None	P
JT	House-306 Driftwood Dr., Palm Harbor, FL	$100.001 - $250.000	None - Net Loss	None	S
SP	First Union Corp. - Stock - IRA	$15.001 - $50.000	Dividends	$201 - $1.000	S
	First Union Corp. - Stock - IRA	$50.001 - $100.000	Dividends	$1.001 - $2.500	S
	Tech Data - Stock - IRA	$1.001 - $15.000	None	None	
JT	Suburban Propane - Stock	$1.001 - $15.000	Dividends	$1.001 - $2.500	
	Peoples FL Banking Corp. (formerly Peoples Bank) - Stock	$1.001 - $15.000	None	$1 - $200	
	Great Subs, Inc. - Mortgage Note	$100.001 - $250.000	Interest, Capital Gains	$15.001 - $50.000	
JT	Oppenheimer MSIG - Class B Fund	$1.001 - $15.000	Dividends	$201 - $1.000	
JT	Peoples FL Banking Corp. (formerly Peoples Bank - Stock	$15.001 - $50.000	Interest	$201 - $1.000	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example:	Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	First Union Corp. - IRA	Sold	6/15/99	$15.001 - $50.000
SP	First Union Corp. IRA	Sold	6/15/99	$15.001 - $50.000
JT	First Union Corp. - Stock	Sold	6/15/99	$15.001 - $50.000
	A. G. Edwards - Stock - IRA	Sold	11/30/99	$1.001 - $15.000
	Cellstar - Stock - Ira	Purchase	11/30/99	$1.001 - $15.000
JT	House-306 Driftwood Dr., Palm Harbor, FL	Sold	12/28/99	$250.001 - $500.000
JT	Gulf West Banks - Stock	Purchase	11/22/99	$1.001 - $15.000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts only if the balance at the close of preceding calendar year exceeds $10,000.

SP,DC,JT,	Creditor Example: East Bank of Wilmington, Delaware	Type of Liability Mortgage on 123 Main St., Dover, Del.	Amount of Liability $150,001 - $250,000
JT	Nations Bank (formerly Barnett Bank), Holiday, FL	Mortgage on 4538 Barnett Rd., Holiday, FL (Law office)	$50,001 - $100,000
JT	Cong. Fed. Credit Union	Acquired loan for son (secured by CD)	$10,001 - $15,000
	Northwestern Mutual	Cash value loan on life insurance	$15,001 - $50,000
	Southeast Financial	Personal Loan	$15,001 - $50,000

Name Michael Rubacka M.D.	Page 7 of 7

SCHEDULE VII – TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and total travel itinerary, dates, and nature of expenses provided for travel and travel related expenses totaling more than $250 received by you, your spouse, or a dependent child during the reporting period. Note also whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is clearly independent of his or her relationship to you.

Source	Date(s)	Point of Departure/Destination/Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce Mass Commission	Mar. 2 Aug 8-11	Wash. D.C./Chicago/Wash. D.C. Wash. D.C./Los Angeles/Cleveland	N Y	N Y	N Y	N 4 Days
Nuclear Energy Institute	Mar. 4-8, 1990	DC/Las Vegas/Mtn, NV/DC	Y	Y	Y	?
Non Commissioned Officers Assn	July 8-12, 1990	Tampa/Las Vegas/DC	Y	N	Y	?

LEGISLATIVE RESOURCE CENTER
00 MAY 11 PM 5:14
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

MC HAND DELIVERED (6)
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

Form A
For use by Members, officers, and employees

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Sanford D. Bishop, Jr.
(Full Name)

1433 Longworth House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone
(202) 225-3631

Filer Status	[X] Member of the U S House of Representatives	State GA District 02	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S C app 4 104 and 18 U S C 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Sanford D. Bishop, Jr.	11 May 2000

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	House & Lot at 4129 Roman Drive, Columbus, GA	$50,001 - $100,000	Rent	$5,001 - $15,000	NA
	Legislative Retirement System, 2 Northside, Atlanta GA	$1,001 - $15,000	Legislative Pension	None	NA
	First Union Bank of D.C., Washington D.C.	$1,001 - $15,000	Interest	$1 - $200	NA
	SouthTrust Bank of Columbus, GA	$1 - $1,000	Interest	$1 - $200	NA
	Lot 24 A Lakemont Heights, Hartwell, GA	$1,001 - $15,000	None	None	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Congressional Federal Credit Union, Washington, D.C.	$1 - $1,000	Interest	$1 - $200	NA
	AmSouth Bank, N.A., Mobile, AL	$1,001 - $15,000	Interest	$1 - $200	NA
JT	**Commonwealth Bank, Mobile, AL	$1 - $1,000	Interest	$1 - $200	NA
JT	**House and Lot 311 Yeates Street, Starkville, MS	$15,001 - $50,000	Rent	$1 - $200	NA
JT	**Merrill Lynch CMA Money Account	$15,001 - $50,000	Dividends	None	NA
JT	**Prudential Securities	$50,001 - $100,000	Dividends	None	NA
JT	**Commonwealth Bank, Mobile, AL	$1,001 - $15,000	Interest	None	NA
	**All Income Paid to Joint Tenant	N/A	N/A	NA	NA

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St. Dover, Del	$100,001 - $250,000
	Homeside Lending Incorporated, Florida	Mortgage on Rental Property at 4129 Roman Drive, Columbus, GA	$15,001 - $50,000
	Congressional Federal Credit Union	Revolving Charge Account	$10,001 - $15,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
The Interreligious Foundation for Community Organization	August 31-September 4	Albany, Ga-Miami, Fl -Havana, Cuba- Miami, Fl-Albany , GA	Y	Y	N	N
Southern Peanut Growers	July 24-26	Panama City, Fl-Washington D.C.	Y	Y	N	N
Brown & Williamson Tobacco	April 30-May 1	Washington D.C. -Louisville, KY	Y	Y	N	N
Delta Airlines, UPS, Turner Broadcasting, & Coca Cola	October 24-25	Albany, GA-Atlanta, GA-Washington, D.C.	Y	Y	N	N

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Board Member	Tubman African-American Museum, 340 Walnut Street, Macon, GA
Board Member	William H. Spencer Golden Owlettes, Columbus, GA
Board Member	Liberty Theater Cultural Center, Incorporated, 823 8th Avenue, Columbus, GA
Board Member	A. J. McClung, YMCA, 1175 MLK Jr. Boulevard, Columbus, GA

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCES CENTER
00 MAY 18 PM 12:50
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Rod R Blagojevich (Full Name)
2934 W. Sunnyside (Mailing Address)
Chicago IL 60625
773 509 9427 Daytime Telephone

MAY 15 2000
HC (Office Use Only)

Filer Status: [X] Member of the U S House of Representatives — State: IL District: 5th — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Rod Blagojevich	5-15-00

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Kaene Stete	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Spaech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Rod Blagojevich Atty at law Coconsul fees	legal income-cases prior to 1-7-97 Gross	$405,453.00
	net	$402,336.00
US Government	legislative Salary	$130,176.00
William Dart and Associates	Spouse Income	NA
Patricia Blagojevich and Associats-Real Estate sales and Appraisal	Spouse Income	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source		Block B: Value of Asset	Block C: Type of Income					Block D: Amount of Income		Block E: Transaction
			A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	S, P, E
SP, DC, JT	Examples: SP Mege Corp Stock						X								X										X								P
	Simon & Schuster			Indefinite																	Royalties									X			
	1st Bank of Paducah, KY accounts							X									X									X							
SP	Condominium @ 663 W Melrose Chgo IL #A1							X								X										X							
SP	Merrill Lynch IRA Fundamental Growth B				X										X			X						N/A		IRA							
	John Hancock Sep IRA # 125					X									X			X	X					N/A		IRA							
	AIM Sep IRA # 515					X									X			X	X					N/A		IRA							
	General Assembly Retirement					X									X			X	X					N/A		Retirement							
	State Illinois Retirement																																
SP	Datek IRA Biogen				X										X								X		N/A		IRA						P

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Blagojevich

Page 4 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
SP	Datek IRA Texas Instruments			X										X								X		N/A	IRA							P
	Datek IRA American Online			X										X										N/A	IRA							
	Datek IRA Dell Comp			X										X										N/A	IRA							
	Datek IRA Lexmark			X										X																		
	Datek IRA EMC Corp.			X										X									N/A	IRA								
	Datek IRA WalMart			X										X																		
	Datek IRA Vodaphone			X										X																		
JT	AMGEN				X									X							X											P
JT	Cisco Sys.			X										X																		P
JT	Dell Computers			X										X								X										P
JT	EMC Corp			X										X								X										
JT	Home Depot			X										X								X										
JT	Intel			X										X								X										
JT	Lucent Tech				X									X								X										P
JT	Mc Donalds			X										X								X										
JT	Microsoft				X									X								X										P
JT	Qlogic				X									X								X										P
JT	XILINX INC				X									X								X										P
JT	EXON			X										X								X										
JT	ABBOTT Laboratories	X														X								X								S
JT	John Hancock Growth & In.	X														X					X											S
JT	" Independence Equity	X														X						X										S

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SCHEDULE IV — TRANSACTIONS

Name BLAGOJEVICH | Page 5 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
JT	ABBott Labs Stock		X		6-30-99	X									
JT	CocoCola Stock		X		10-27-99	X									
JT	Starbucks Stock		X		10-27-99	X									
JT	WAlgrens Stock		X		6-2-99	X									
SP	Biogen Stock	X			10-5-99	X									
SP	Texas Instruments Stock	X			11-5-99	X									
	American Online Stock	X			11-5-99	X									
JT	Amgen Stock	X			11-30-99		X								
JT	Cisco Systems Stock	X			11-18-99	X									
JT	Dell Computers Stock	X													
JT	Lucent Tech Stock	X			11-30-99		X								
JT	Microsoft Stock	X			11-18-99		X								
JT	QLogic Stock	X			11-30-99		X								
JT	~~[illegible]~~ XILINX Stock	X			11-30-99		X								
JT	John Hancock Growth Income Fund		X		4-7-99	X									
JT	John Hancock Independence Equity		X		4-7-99	X									

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Name BLAGOJEVICH | Page 6 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
SP	Firstar BANK, Chicago IL	mortgage on 663 W. Melrose Chicago IL A1		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
Various Dates when each case was signed All Prior to 1/7/97	Clifford Law Offices Chgo IL Sussman, Selig + Ross Chgo IL Law Office of Michael Nicholson Chgo IL Kaplan + Sorosky Chgo IL	Co-Counsel fees on outstanding legal cases which preceeded 1/9/97, To be paid on A Contingency basis upon the Settlement of The case.

GPO 2000 82-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

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Thomas J. Bliley, Jr.
(Full Name)

2409 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-2815

Filer Status	[X] Member of the U.S. House of Representatives	State: VA District: 07	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [X]	No [ ]
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Tom Bliley	4-19-00

Name Thomas J. Bliley, Jr.

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$ 500
	Council of Insurance Agents & Brokers	Speech	2/2/99	$2,000.00
	American Council for Capital Formation	Speech	3/11/99	$2,000.00
	Washington Financial Forum	Speech	10/7/99	$500.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP	Mega Corp. Stock 123 Main St., Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Tom Bliley Blind Trust	$500,001 - $1,000,000	Qualified Blind Trust	$15,001 - $50,000	
	Mary Virginia Bliley Blind Trust	$500,001 - $1,000,000	Qualified Blind Trust	$15,001 - $50,000	
	Davenport & Company of VA (IRA)	$50,001 - $100,000	Interest	NA	
	Prudential Insurance	$1,001 - $15,000	Interest	$1 - $200	
	2505 Winston Court, Glen Allen, VA	$50,001 - $100,000	None	None	
	Wachovia Bank (Checking)	$1,001 - $15,000	Interest	$1 - $200	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Congressional Federal Credit Union (Checking)	$1 - $1,000	None	None	
	Capitol World Growth & Income Fund	$50,001 - $100,000	Interest/Capital Gains	NA	
	6520 Stuart Avenue, Richmond, VA	$50,001 - $100,000	None	None	

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Wachovia Bank, NA	3/22/99	Richmond, VA-Winston-Salem, NC-Washington, DC	N	N	N	No
CSX Corporation	9/4-7/99	Richmond, VA-Greenbrier, WV-Richmond, VA	Y	Y	Y	No

Name Thomas J. Bliley, Jr.	Page 5 of 5

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Excluds: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Board Member	Virginia Biotechnology Research Park Authority

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Earl Blumenauer
(Full Name)

1406 Longworth
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-4811

Filer Status	[X] Member of the U.S. House of Representatives	State District 03	OR	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment		[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
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EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

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CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Earl Blumenauer	May 8, 2000

Name Earl Blumenuaer	Page ____ of ___

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples*	Mega Corp. Stock	$15,001 - $50,000	Dividends	P
SP		123 Main St., Dover, Del.	$250,001 - $500,000	Rent	
		1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	
	Mutual Beacon		$1,001 - $15,000	Dividends	$1,001 - $2,500	NA
	Mutual Discovery		$50,001 - $100,000	Dividends	$5,001 - $15,000	NA
	T.R Price-New Asia		$15,001 - $50,000	Dividends	$1 - $200	NA
	Aetna Money Market Fund		$15,001 - $50,000	Dividends	$201 - $1,000	NA
	Aetna Fixed Plus Account		$1,001 - $15,000	Dividends	$201 - $1,000	NA
	MFS Value Equity		$50,001 - $100,000	Dividends	$2,501 - $5,000	NA
	Scudder International Portfolio		$1,001 - $15,000	Dividends	$201 - $1,000	NA

Name Earl Blumenauer | Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Oregon Public School Employee Retirement Account	$250,001 - $500,000	NA	NA	NA
Thrift Savings Account	$50,001 - $100,000	NA	$5,001 - $15,000	NA
MFS Emerging Equities	$50,001 - $100,000	Dividends	$2,501 - $5,000	NA
Melissa Anne Apartments, LLC 7720 E. Burnside, Portland, OR	$50,001 - $100,000	Rent	$5,001 - $15,000	NA
Apartments 301-3705 SE 35th Place Portland, OR	$15,001 - $50,000	Rent	$2,501 - $5,000	NA
Apartment 1517 NE 8th Westcott Ct. Apartments, LLC, Portland, OR	$50,001 - $100,000	Rent	$5,001 - $15,000	NA
Oak Street Rowhouse 1309 SE Oak Portland OR	$100,001 - $250,000	Rent	None	NA
Congressional Credit Union	$15,001 - $50,000	Interest	$201 - $1,000	NA
House 2581 NE 31st St Portland, OR	$100,001 - $250,000	Rent/Capital Gains	$50,001 - $100,000	S
510-6th Street SE Apt B Washington DC	$100,001 - $250,000	Rent	$5,001 - $15,000	NA
Bank of America (money market)	$50,001 - $100,000	Interest	$2,501 - $5,000	NA
Portland Teachers Credit Union	$1,001 - $15,000	Interest	$1 - $200	NA
Schwab Money Market Fund	$1,001 - $15,000	Interest	$201 - $1,000	NA
Crab Huson Equity Fund	$1,001 - $15,000	Dividends	$201 - $1,000	NA
Japan (Scudder) Fund	$1,001 - $15,000	Dividends	$1 - $200	NA
NIKE	$1,001 - $15,000	Dividends	$1,001 - $2,500	NA
Schwab 1000	$15,001 - $50,000	Dividends	$1 - $200	NA

Name Earl Blumenuaer | Page ____ of ____.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Schwab Small Cap	$1,001 - $15,000	Dividends	$1 - $200	NA
	Calvert Social Balanced	$1,001 - $15,000	Dividends	$2,501 - $5,000	NA
	Nordstrom	$1,001 - $15,000	Dividends	$1 - $200	NA
	Guiness f/mainland China	$1,001 - $15,000	Dividends	$1 - $200	NA

Name Earl Blumenuaer | Page ____ of ____

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	Townhouse 2441 NE Weidler, Portland	Purchase	5-7-99	$100,001 - $250,000

Name Earl Blumenuaer	Page ___ of ___

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts only if the balance at the close of preceding calendar year

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Mellon Bank	mortgage, 1309 SE Oak Portland,OR	$100,001 - $250,000
	Continental	mortgage, 7720 E. Burnside Portland, OR	$15,001 - $50,000
	West One Bank	mortgage, 3701-3705 SE 35th Place Portland, OR	$15,001 - $50,000
	private note with J.D Holm, previous owner	mortgage, 3803 Se 35th Portland OR	$15,001 - $50,000
	First Security Bank, Portland OR	mortgage, 1517 NE 8th Portland OR	$15,001 - $50,000
	Northwest Mortgage	mortgage, 510 SE 6th Washington DC	$15,001 - $50,000
	Mellon Bank	mortgage, 510 SE 6th Washington DC	$100,001 - $250,000
	private note, DE Sprinkling	mortgage, 2441 NE Weidler	$100,001 - $250,000

Name Earl Blumenuaer | Page ____ of ____

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act. travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar.2	Wash. D.C.-Chicago-Wash. D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash. D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Harvard University School of Design	March 3-March 7	Washington DC-Cambridge, MA-Washington DC	Y	Y	N	None
Aspen Institute	March 19-March20	Washington, DC-Hershey, PA-Washington DC	Y	Y	N	None
Democratic Leadership Council	April 30-May 2	Washington, DC-New Orleans, LA-Washington DC	Y	Y	N	None
Orange County Transportation Authority	May 7-May 8	Washington, DC-Orange County, CA-Portland, OR	Y	Y	N	None
Harvard University	May 14-May 15	Washington, DC- Cambridge, MA-Washington, DC	Y	Y	N	None
Congress for New Urbanism	June 5-June 6	Portland, OR - Milwaukee, WI-Washington, DC	Y	Y	N	None
University of California Berkley College of Environmental Design	May 21-May 22	Washington DC-Cambridge, MA-Washington, DC	Y	Y	N	None
Lincoln Land Institute	June 11-June 12	Washington, DC- Cambridge MA, Washington DC	Y	Y	N	None
Rail~Volution	September 25-September 27	Washington, DC-Dallas, TX-Washington, DC	Y	N	N	None

Name Earl Blumenuaer	Page ____ of ____

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples. Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Courier Post	Washington, DC-Cambridge, MA-Washington, DC	Washington, DC-Camden, NJ-Washington DC	Y	Y	N	none
American Isreal Education Foundation	November 27-December 5	Portland, OR-Isreal-Washington, DC	Y	Y	N	None

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

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Roy Blunt
(Full Name)

P.O. Box 278
Strafford, Missouri 65757
(Mailing Address)

Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives — State Mo District 7	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Roy Blunt	May 8, 2000

Name	Page
Blunt, Roy	2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	US House of Representatives - Washington DC	Salary	136,700.04
	Southwest Baptist University - Bolivar, Mo	Approved teaching fee	1410.15
	Wilson's Creek NATIONAL BATTLEFIELD Foundation - Springfield, Mo	Spouses Salary	NA
	Tom DeLay - CASA Charity tournament - Houston TX	skill prize	
	2 - airline tickets (Domestic) American		300.00

For payments to charity in lieu of honoraria, use Schedule II.

Name Blunt, Roy | Page 3 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1999	$500
Edward Jones 12555 Manchester Rd St Louis, Mo	Speech	5/10/99	2000.00
Contribution to: Boy Scouts of America Ozark Trails Council Springfield, Mo			

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U.S. House of Representatives

REPORT OF CHARITABLE CONTRIBUTION IN LIEU OF HONORARIUM BY A REGISTERED LOBBYIST

A Member, Officer, or employee of the House of Representatives who asks a registered lobbyist to make a contribution to a charitable organization in lieu of paying an honorarium must complete this form and file it with the Clerk of the House of Representatives within 30 days after the request. The Clerk shall make this information public as soon as possible after it is filed.

NAME OF LOBBYIST MAKING THE CONTRIBUTION: MICHAEL J. ESSER
EDWARD JONES

ADDRESS OF LOBBYIST: 12555 Manchester Rd.
St. Louis Mo 63131

DATE OF CONTRIBUTION: 5-10-99

AMOUNT OF CONTRIBUTION: $ 2000.00

NAME OF CHARITABLE ORGANIZATION: OZARK TRAIL COUNCIL BSA

ADDRESS OF CHARITABLE ORGANIZATION: Dean Erdle, Scout Exec.
3015 So. Kimbrough
Springfield, Mo 65807

NAME OF MEMBER, OFFICER OR EMPLOYEE: ROY BLUNT
(please print or type)

SIGNATURE OF MEMBER OFFICER OR EMPLOYEE: Roy Blunt (copy) DATE: 5/8/00

Name Blunt, Roy

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Transaction
SP	Examples: Mega Corp. Stock					X								X										X								P
	Simon & Schuster			Indefinite																Royalties								X			
	1st Bank of Paducah, KY accounts						X									X									X						
JT	Commercial Bld 113 Pine St Stratford				X										X										X						
JT	10 acres Bumgarner Blvd " Ala				X																X										
SP	WALMART Stores Stock				X									X								X									
SP	Churchill Coffee Co LLC				X																X										P
	Churchill Coffee Co LLC				X																X										P
	FIRST BANKSHARES				X									X								X									
	HART FORD MUTUAL FUND		X											X								X									
	GUARANTY FED BANKSHARES				X									X								X									S

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Blunt, Roy

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
SP	WALMART Stores Stock		X		5/17/99		X								
SP	Guaranty Federal BANKSHARES		X		5/17/99	X									
	" " "		X		5/18/99		X								
	FIRST BANCSHARES		X		5/17/99		X								
SP	Churchill Coffee Company LLC 4253 Eastwood Rogersville Mo.	X			any/ay 5/25/99		X X								
	" " " "	X													

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Name Blunt, Roy | Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Greene County BANK Strafford, Mo	mortgage 113 Pine st		X								
JT	" " " " "	mortgage 10 acres Bungalow Afld		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Blunt, Roy | Page 7 of 8

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Dairy Farmers of America	3-22-99	Spfd – Icc – Spfd Mo	N	N	N	N
	US Chamber of Commerce	4-23-99	DC – Miami, Fla – Spfd Mo	N	N	N	N
	Dairy Farmers of America	4/30-5/1/99	Spfd Mo – Louisville Ky – Spfd	Y	Y	Y	N
	Am. Israel Education Foundation	8/17-8/22/99	Spfd Mo – Israel/Rome – Spfd	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
2/6/96	Roy Blunt and Southwest BAPTIST University	leave of absence - Associate Professor of History for government service - periodic review maintain 12/31/96 status in retirement plans

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
CLERK'S OFFICE COURT CENTER
00 JUN 12 PM 12: 53

(9)

Sherwood L. Boehlert (Full Name)
2246 Rayburn House Office Building (Mailing Address) 202-225-3665 (Daytime Telephone)
Washington DC 20515

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U S House of Representatives	State: NY District: 23	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Sherwood Boehlert	6-12-00

Name Boehlert | Page 1 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Onterio County Board of Education	Spouse Salary	NA
	NONE		

For peyments to charity in lieu of honoraria, use Schedule II.

Name	Page 2 of 8
Boehlert	

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1999	$500
American Electro Platers, Wash D.C.	Speech	Jan 21, 1999	$1,000
Honorarium donated to Utica College for Academically Promising and Financially Needy Students			

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Name Boehlert

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Examples:		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT		SP	Maga Corp Stock				X								X										X								P
			Simon & Schuster			Indefinite															Royalties									X			
			1st Bank of Paducah, KY accounts					X									X									X							
JT	NBT Common Stock					X									X										X								
JT	Utica Baseball Club Limited Partnership				X																	X											
JT	Medtronic Common Stock				X										X								X										
	New Economy Fund (IRA					X																N/A											
SP	New Economy Fund (IRA					X																N/A											
JT	Putnam Capital Appreciation Fund				X										X			X								X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Boehlert

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
JT	Putnam International Groth					X								X			X								X							
JT	Putnam International Groth & Income Fund					X								X										X								
JT	Putnam Voyager IIFund					X								X										X								
JT	CISCO Common Stock				X																X											
JT	EBAY			X																	X											P
JT	AMAZON.COM				X																X											P

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Name Boehlert | Page 5 of 8

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
JT	Putnam International Groth Fund		X		12-22-99	X									
JT	Putnam Capital Appreciation Fund		X		1-5-99		X								
JT	" " " "		X		1-13-99	X									
JT	" " " "		X		1-19-99	X									
JT	" " " "		X		4-27-99	X									
JT	" " " "		X		6-9-99		X								
JT	" " " "		X		11-29-99	X									

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Name Boehlert | Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name Boehlert | Page 7 of 8

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Electro Plating Assc.	Jan 23	Wash. D.C. - Orlando Fla - Wash. D.C.	Y	Y	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Limited Partner	Utica Baseball Club

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

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Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

John A. Boehner
(Full Name)

7371 Charter Cup Lane
(Mailing Address)

West Chester OH 45069
Daytime Telephone: 202-225-6205

Filer Status	[X] Member of the U.S. House of Representatives	State: OH District 08	[ ] Officer or Employee	Employing Office.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John A. Boehner	May 11, 2000

Name John A. Boehner | Page 2 of 9

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Sibcy Cline Real Estate	Spouse Commissions	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location For additional information, see the instruction booklet for the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left	at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description iin this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples*	SP Mega Corp Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Nucite Sales, Inc.	$1.000.001 - $5.000.000	Dividends	$100.001 - $1.000.000	NA
	Nucite Sales, Inc. Pension Plan Trust	$500.001 - $1.000.000	N/A	NA	NA
	Nucite Sales, Inc. Profit Sharing Trust	$500.001 - $1.000.000	N/A	NA	NA
	State of Ohio Deferred Compensation Plan	$100.001 - $250.000	N/A	NA	NA
	State of Ohio Public Employee Retirement System	$15.001 - $50.000	N/A	NA	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Wright Patman Congressional FederalCredit Union	$50.001 - $100.000	Interest	$1.001 - $2.500	NA
	First National Bank of Southwest Ohio	$15.001 - $50.000	Interest	$201 - $1.000	NA
	American Funds EuroPacific Growth Fund	$100.001 - $250.000	Dividends and Capital Gains	$2.501 - $5.000	NA
	American Funds Small Cap. World Fund	$100.001 - $250.000	Dividends and Capital Gains	$1.001 - $2.500	NA
	Victory Small Co. Opportunity Mutual Fund (Name changed from Gradison McDonald Opportunity Value Fund)	$50.001 - $100.000	None	NA	NA
	Victory Diversified Mutual Fund (Name changd from Gradison McDonald Growth and Income Fund)	$50.001 - $100.000	Dividends and Capital Gains	$5.001 - $15.000	NA
	Ohio Municipal Cash Trust Mutual Fund	$1.001 - $15.000	Dividends	$201 - $1.000	NA
	Rolling Ridge Associates Real Estate Limited Partnership	$1.001 - $15.000	Interest	$2.501 - $5.000	NA
	7908 Cincinnati-Dayton Road, Suite 1, West Chester, Ohio--Office Building	$100.001 - $250.000	Rent	$15.001 - $50.000	NA
	Farm Property, Pantego, North Carolina	$1.001 - $15.000	Rent	$1 - $200	NA

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	American Funds EuroPacific Growth Fund	Purchase	Various	$1,001 - $15,000
	American Funds Small Cap. World Fund	Purchase	Various	$1,001 - $15,000
	Victory Diversified Mutual Fund	Purchase	Various	$1,001 - $15,000

Name John A. Boehner	Page 11 of 9

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Bank One, Middletown, Ohio	Mortgage On Cincinnati-Dayton Road Property	$15,001 - $50,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Wine and Spirits Wholesalers Association	January 9-13	Cincinnati, OH-Kona, Hawaii-Cincinnati, Ohio	Y	Y	Y	None
Futures Industry Association	March 18-21	Washington, D.C.-Boca Raton, FL-Cincinnati, OH	Y	Y	Y	None
CSX Corp.	September 4-7	Cincinnati, OH-Greenbrier, WV-Washington, D.C.	Y	Y	Y	None
Corning, Inc.	October 29-31	Washington, D.C.-Augusta, GA-Washington, D.C.	Y	Y	N	None
Cigar Manufacturers Association	November 18-21	Washington, D.C.-Miami, FL-Cincinnati, OH	Y	Y	Y	None

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Officer-- Non Comp.	Nucite Sales, Inc.
Limited Partner	Nucite Sales LP
Limited Partner	Rolling Ridge Associates

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
N/A	Nucite Sales, Inc. Pension and Profit Sharing Plans	Continued interest, no additional contribution
N/A	State of Ohio Pension and Deferred Compensation Plans	Continued interest, no additional contribution
N/A	Nucite Sales LP	Limited partnership

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Henry Bonilla
(Full Name)

19 Sanctuary Drive
(Mailing Address)

Daytime Telephone:
(202)225-1511

San Antonio TX 78248

Filer Status [X] Member of the U.S House of Representatives — State TX District 23 — [ ] Officer or Employee — Employing Office

Report Type [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more tha 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes [ ] No [X]

EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of e spouse or dependent child because they meet all three tests for exemption? Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL [signature] **DATE** (Month/Day/Year) 5-11-00

410

Name Henry Bonilla | Page 1 of 1

SCHEDULE I EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Belo Management Services	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Henry Bonilla | Page 1 of 4

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude:** Your personal residence(s) (unless there rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see instructions, pages 14-20		BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	USAA Income Stock Fund	$1,001 - $15,000	Dividends/Capital Gains	$1,001 - $2,500	NA
JT	USAA Federal Savings Bank	$1,001 - $15,000	Interest	$201 - $1,000	NA
JT	USAA Life Insurance Company	$50,001 - $100,000	Interest	NA	NA
JT	CMS Energy Corp	$15,001 - $50,000	Dividends	$1,001 - $2,500	NA
JT	DST Systems Inc DEL	$15,001 - $50,000	None	None	NA
JT	EMC Corporation Mass	$100,001 - $250,000	None	None	NA

Name Henry Bonilla | Page 2 of 4

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Harte-Hanks	$100.001 - $250.000	Dividends	$201 - $1.000	NA
JT	Health Mgmt Assocs Inc A	None	Capital Gains	$15.001 - $50.000	S
JT	Pinnacle West Cap Corp	$15.001 - $50.000	Dividends	$1.001 - $2.500	NA
JT	Pub Svc New Mex PV $5	None	Dividends	$201 - $1.000	S
JT	Southern Company	None	Dividends	$1.001 - $2.500	S
JT	Symbol Technologies Dela	$15.001 - $50.000	Dividends	None	NA
JT	Teco Energy Inc	None	Dividends	$1.001 - $2.500	S
JT	Tellabs Inc Del PV 1ct	$15.001 - $50.000	None	None	NA
JT	Trigon Healthcare Inca	$15.001 - $50.000	None	None	NA
SP	BMC Software Inc	$15.001 - $50.000	None	None	NA
SP	Brinker Intl Inc	$15.001 - $50.000	None	None	NA
SP	CMS Energy Corp	$15.001 - $50.000	Dividends	$201 - $1.000	NA
SP	Cisco Systems Inc	$50.001 - $100.000	None	None	NA
SP	Dell Computer	$50.001 - $100.000	None	None	NA
SP	EMC Corporation Mass	$250.001 - $500.000	None	None	NA
SP	Flexsteel Inds Inc	$1.001 - $15.000	Dividends	$201 - $1.000	NA
SP	Intl Home Foods Inc	$15.001 - $50.000	None	None	NA
SP	Lexmark Intl GP Inc CL A	$50.001 - $100.000	None	None	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Mercury Interactive Corp	$15,001 - $50,000	None	None	NA
SP	Mail-Well Inc PV$0.01Col	$1,001 - $15,000	None	None	NA
SP	Microsoft Corp	$100,001 - $250,000	None	None	NA
SP	99 Cents Only Stores	$15,001 - $50,000	None	None	NA
JT	Yahoo	$50,001 - $100,000	None	None	P
SP	Analog Devices Inc	$15,001 - $50,000	None	None	P
SP	Broadcom Corp	$15,001 - $50,000	None	None	P
SP	Bergen Brnswig	$1,001 - $15,000	None	None	P
SP	Biogen Inc Mass	$15,001 - $50,000	None	None	P
SP	FDX Corp	$15,001 - $50,000	None	None	P
SP	PMC Sierra Inc	$15,001 - $50,000	None	None	P
SP	Saber Holdings	$15,001 - $50,000	None	None	P
SP	Sun Microsystems	$50,001 - $100,000	None	None	P
SP	Venator	$15,001 - $50,000	None	None	P
SP	Tellabs Inc Del PV 1ct	$15,001 - $50,000	None	None	NA
SP	Waters Corp	$15,001 - $50,000	None	None	NA
DC	Apartment Invt & Mgmt Co	$1,001 - $15,000	Dividends	$201 - $1,000	NA
DC	Archstone Communities TR	$1,001 - $15,000	Dividends	$201 - $1,000	NA
DC	Boston PPTYS Inc	$1,001 - $15,000	Dividends	$201 - $1,000	NA

Name Henry Bonilla | Page 4 of 4

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

DC	Colonial PPTYS T SBI ALA	$1.001 - $15.000	Dividends	$201 - $1.000	NA
DC	CMS Energy Corp	$15.001 - $50.000	Dividends	$201 - $1.000	NA
DC	Cousins Props Inc	$1.001 - $15.000	Dividends	$201 - $1.000	NA
DC	Highwoods PPTYS Inc	$1.001 - $15.000	Dividends	$201 - $1.000	NA
DC	Kimco	$1.001 - $15.000	Dividends	$201 - $1.000	NA
DC	Sunstone Hot Investors	None	Dividends	$201 - $1.000	S
DC	Colonial PPTYS T SBI ALA	$1.001 - $15.000	Dividends	$201 - $1.000	NA
DC	Chelsea GCA Realty Inc	$1.001 - $15.000	Dividends	$201 - $1.000	NA
DC	CMS Energy Corp	$15.001 - $50.000	Dividends	$201 - $1.000	NA
DC	Harte-Hanks	$1.001 - $15.000	Dividends	$201 - $1.000	NA
DC	Post Properties Inc	$1.001 - $15.000	Dividends	$201 - $1.000	NA
JT	ML Media Partners LP 86	$15.001 - $50.000	Interest	None	NA

Name Henry Bonilla | Page 1 of 2

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
JT	Pub Svc New Mex PV $5	Sold	09/10/99	$15,001 - $50,000
JT	Southern Company	Sold	09/10/99	$15,001 - $50,000
JT	Teco Energy Inc	Sold	09/10/99	$15,001 - $50,000
SP	General Cable Corp	Sold	09/10/99	$1,001 - $15,000
SP	Intimate Brands Inc CL A	Sold	09/10/99	$15,001 - $50,000
SP	MBNA Corp	Sold	09/10/99	$15,001 - $50,000
SP	Schering Plough Corp	Sold	02/12/99	$15,001 - $50,000
SP	HCR Manor Care Inc	Sold	02/12/99	$15,001 - $50,000
JT	Medquist Inc Com	Purchase	09/10/99	$15,001 - $50,000
JT	Medquist Inc Com	Sold	12/31/99	$1,001 - $15,000
JT	Schering Plough Corp	Purchase	09/10/99	$15,001 - $50,000
JT	Schering Plough Corp	Sold	12/31/99	$15,001 - $50,000
JT	Yahoo	Purchase	02/12/99	$15,001 - $50,000
JT	Health Mgmt Assocs Inc A	Sold	02/12/99	$15,001 - $50,000
SP	Analog Devices Inc	Purchase	09/10/99	$15,001 - $50,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example:	Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
SP	Broadcom Corp	Purchase	09/10/99	$15,001 - $50,000
SP	Bergen Brnswig	Purchase	02/12/99	$15,001 - $50,000
SP	Biogen Inc Mass	Purchase	02/12/99	$15,001 - $50,000
SP	FDX Corp	Purchase	09/10/99	$15,001 - $50,000
SP	PMC Sierra	Purchase	09/10/99	$15,001 - $50,000
SP	Sabre Holdings Corp	Purchase	09/10/99	$15,001 - $50,000
SP	Venator Group	Purchase	09/10/99	$15,001 - $50,000
SP	Sun Microsystems	Purchase	02/12/99	$15,001 - $50,000
DC	Sunstone Hot Investors	Sold	11/24/99	$1,001 - $15,000

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418

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Henry Bonilla
(Full Name)

19 Sanctuary Drive
(Mailing Address)

San Antonio TX 78248

Daytime Telephone: (202)225-4511

Filer Status	[X] Member of the U.S. House of Representatives	State: TX District: 23	[ ] Officer or Employee	Employing Office:
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more tha 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes [ ] No [X]

EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 6-14-00

Name Henry Bonilla | Page 1 of 1

SCHEDULE I. EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Belo Management Services	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Henry Bonilla | **Page** 1 **of** 4

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude:** Your personal residence(s) (unless there rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP 123 Main St., Dover, Del. / 1st Bank of Paducah, KY accounts / Mega Corp. Stock	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT USAA Income Stock Fund	$1.001 - $15.000	Dividends/Capital Gains	$1.001 - $2.500	NA
JT USAA Federal Savings Bank	$1.001 - $15.000	Interest	$201 - $1.000	NA
JT USAA Life Insurance Company	$50.001 - $100.000	Interest	NA	NA
JT CMS Energy Corp	$15.001 - $50.000	Dividends	$1.001 - $2.500	NA
JT DST Systems Inc DEL	$15.001 - $50.000	None	None	NA
JT EMC Corporation Mass	$100.001 - $250.000	None	None	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Harte-Hanks	$100.001 - $250.000	Dividends	$201 - $1.000	NA
JT	Health Mgmt Assocs Inc A	None	Capital Gains	$15.001 - $50.000	S
JT	Pinnacle West Cap Corp	$15.001 - $50.000	Dividends	$1.001 - $2.500	NA
JT	Pub Svc New Mex PV $5	None	Dividends	$201 - $1.000	S
JT	Southern Company	None	Dividends	$1.001 - $2.500	S
JT	Symbol Technologies Dela	$15.001 - $50.000	Dividends	None	NA
JT	Teco Energy Inc	None	Dividends	$1.001 - $2.500	S
JT	Tellabs Inc Del PV 1ct	$15.001 - $50.000	None	None	NA
JT	Trigon Healthcare Inca	$15.001 - $50.000	None	None	NA
SP	BMC Software Inc	$15.001 - $50.000	None	None	NA
SP	Brinker Intl Inc	$15.001 - $50.000	None	None	NA
SP	CMS Energy Corp	$15.001 - $50.000	Dividends	$201 - $1.000	NA
SP	Cisco Systems Inc	$50.001 - $100.000	None	None	NA
SP	Dell Computer	$50.001 - $100.000	None	None	NA
SP	EMC Corporation Mass	$250.001 - $500.000	None	None	NA
SP	Flexsteel Inds Inc	$1.001 - $15.000	Dividends	$201 - $1.000	NA
SP	Intl Home Foods Inc	$15.001 - $50.000	None	None	NA
SP	Lexmark Intl GP Inc CL A	$50.001 - $100.000	None	None	NA

Name Henry Bonilla | Page 3 of 4

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Mercury Interactive Corp	$15.001 - $50.000	None	None	NA
SP	Mail-Well Inc PV$0.01Col	$1.001 - $15.000	None	None	NA
SP	Microsoft Corp	$100.001 - $250.000	None	None	NA
SP	99 Cents Only Stores	$15.001 - $50.000	None	None	NA
JT	Yahoo	$50.001 - $100.000	None	None	P
SP	Analog Devices Inc	$15.001 - $50.000	None	None	P
SP	Broadcom Corp	$15.001 - $50.000	None	None	P
SP	Bergen Brnswig	$1.001 - $15.000	None	None	P
SP	Biogen Inc Mass	$15.001 - $50.000	None	None	P
SP	FDX Corp	$15.001 - $50.000	None	None	P
SP	PMC Sierra Inc	$15.001 - $50.000	None	None	P
SP	Saber Holdings	$15.001 - $50.000	None	None	P
SP	Sun Microsystems	$50.001 - $100.000	None	None	P
SP	Venator	$15.001 - $50.000	None	None	P
SP	Tellabs Inc Del PV 1ct	$15.001 - $50.000	None	None	NA
SP	Waters Corp	$15.001 - $50.000	None	None	NA
DC	Apartment Invt & Mgmt Co	$1.001 - $15.000	Dividends	$201 - $1.000	NA
DC	Archstone Communities TR	$1.001 - $15.000	Dividends	$201 - $1.000	NA
DC	Boston PPTYS Inc	$1.001 - $15.000	Dividends	$201 - $1.000	NA

Name Henry Bonilla | Page 4 of 4

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

DC	Colonial PPTYS T SBI ALA	$1.001 - $15.000	Dividends	$201 - $1.000	NA
DC	CMS Energy Corp	$15.001 - $50.000	Dividends	$201 - $1.000	NA
DC	Cousins Props Inc	$1.001 - $15.000	Dividends	$201 - $1.000	NA
DC	Highwoods PPTYS Inc	$1.001 - $15.000	Dividends	$201 - $1.000	NA
DC	Kimco	$1.001 - $15.000	Dividends	$201 - $1.000	NA
DC	Sunstone Hot Investors	None	Dividends	$201 - $1.000	S
DC	Colonial PPTYS T SBI ALA	$1.001 - $15.000	Dividends	$201 - $1.000	NA
DC	Chelsea GCA Realty Inc	$1.001 - $15.000	Dividends	$201 - $1.000	NA
DC	CMS Energy Corp	$15.001 - $50.000	Dividends	$201 - $1.000	NA
DC	Harte-Hanks	$1.001 - $15.000	Dividends	$201 - $1.000	NA
DC	Post Properties Inc	$1.001 - $15.000	Dividends	$201 - $1.000	NA
JT	ML Media Partners LP 86	$15.001 - $50.000	Interest	None	NA

Name Henry Bonilla | Page 1 of 2

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
JT	Pub Svc New Mex PV $5	Sold	09/10/99	$15,001 - $50,000
JT	Southern Company	Sold	09/10/99	$15,001 - $50,000
JT	Teco Energy Inc	Sold	09/10/99	$15,001 - $50,000
SP	General Cable Corp	Sold	09/10/99	$1,001 - $15,000
SP	Intimate Brands Inc CL A	Sold	09/10/99	$15,001 - $50,000
SP	MBNA Corp	Sold	09/10/99	$15,001 - $50,000
SP	Schering Plough Corp	Sold	02/12/99	$15,001 - $50,000
SP	HCR Manor Care Inc	Sold	02/12/99	$15,001 - $50,000
JT	Medquist Inc Com	Purchase	09/10/99	$15,001 - $50,000
JT	Medquist Inc Com	Sold	12/31/99	$1,001 - $15,000
JT	Schering Plough Corp	Purchase	09/10/99	$15,001 - $50,000
JT	Schering Plough Corp	Sold	12/31/99	$15,001 - $50,000
JT	Yahoo	Purchase	02/12/99	$15,001 - $50,000
JT	Health Mgmt Assocs Inc A	Sold	02/12/99	$15,001 - $50,000
SP	Analog Devices Inc	Purchase	09/10/99	$15,001 - $50,000

Name Henry Bonilla | Page 2 of 2

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
SP	Broadcom Corp	Purchase	09/10/99	$15.001 - $50.000
SP	Bergen Brnswig	Purchase	02/12/99	$15.001 - $50.000
SP	Biogen Inc Mass	Purchase	02/12/99	$15.001 - $50.000
SP	FDX Corp	Purchase	09/10/99	$15.001 - $50.000
SP	PMC Sierra	Purchase	09/10/99	$15.001 - $50.000
SP	Sabre Holdings Corp	Purchase	09/10/99	$15.001 - $50.000
SP	Venator Group	Purchase	09/10/99	$15.001 - $50.000
SP	Sun Microsystems	Purchase	02/12/99	$15.001 - $50.000
DC	Sunstone Hot Investors	Sold	11/24/99	$1.001 - $15.000
SP	Borders Group Inc.	Sold	02/12/99	$1.001 - $15.000
SP	RobertHalf Intl Com	Sold	09/10/99	$15.001 - $50.000
SP	SCI Sys Inc.	Sold	09/10/99	$15.001 - $50.000
SP	Safeskin Corp	Sold	09/10/99	$1.001 - $15.000

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
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David Edward Bonior
(Full Name)

52 Belleview
(Mailing Address)

Mount Clemens, Michigan 48043

Daytime Telephone 202-225-3130

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Filer Status: [X] Member of the U.S. House of Representatives — State Michigan District 10 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**		X
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	X	
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**		X
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	X	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	David E Bonior	May 15, 2000

Name David Edward Bonior

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
XYZ Magazine	Article	Aug. 13, 1999	$500
University of Pennsylvania	Speech	Nov. 19, 1999	$ 1,000

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Name David Edward Bonior | Page 3 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP	Mega Corp Stock					X								X										X								P
DC, JT	Simon & Schuster (Indefinite)																			Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
	Wright Patman Cong.FCU		X													X						X										
SP	Wright Patman Cong.FCU				X											X							X									
SP	Wright Patman Cong.FCU				X																N/A - IRA											
SP	Evergreen Funds Small Co.Growth Fund					X															X											
JT	Community Central Bank		X													X						X										

For additional assets and unearned income, use next page.

Name David Edward Bonior

Page 4 of 6

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–99		X								
SP	Evergreen Funds Small Co. Growth Fund A- Redemption		X		6-8-99		X								

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
American Federation of Labor CIO	Feb.15-19	Wash.,D.C.-Ft.Lauderdale	Y	Y	Y	2 days
SSANA(Shami-A Scholars Assn. of North America	Feb.19-20	Miami-Tampa-Fort Worth Wash.,D. C.	Y	N	Y	
United States Telephone Association	Feb.28-March 1	San Francisco - Palm Springs - Wash.,D.C.	Y	Y	Y	
Faith and Politics Inst.	Mar.5-8	Wash.,D.C.-Birminham-Montgomery-Selma-Wash.,D.C.	Y	Y	Y	
The Aspen Institute	Mar.19-21	Wash.,D.C. - Hershey-Wash.,D.C.	Y	Y	Y	
The Aspen Institute	Mar.28 - April 3	Wash.,D.C.-Beijeng-Yangtze-Shanghai-Wash.,D.C.	Y	Y	Y	
Association of Trial Lawyers	April 30-May 1	Wash.,D.C. - Providence R.I. - Detroit	Y	Y	Y	
The Forum Club of the Palm Beaches	May 6-10	Wash.,D.C.-West Palm Beach-Wash.,D.C.	N	Y	Y	3 days
Atlantic Coast Dist ILA	July 11-12	Detroit-Orlando-Wash.,D.C.	Y	N	N	
Association of Trial Lawyers	July 16-19	Wash.,D.C.-San Francisco-Wash.,D.C.	Y	Y	Y	
International Union of Bricklayers	July 31-Aug.1	Detroit-Indianapolis-South Bend-Wash.,D.C.	Y	N	N	
America's Community Bankers	Nov. 1	Detroit-Orlando-Wash.,D.C.	N	N	N	

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Gallaudet University
Advisory Board Member	Flagler College - Center on Government and Public Policy

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 15 AM 8:32
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC INSIDE MAIL
(Office Use Only)

(9)

MARY BONO
(Full Name)

64505 VIA AMANTE
(Mailing Address)

PALM SPRINGS, CA 92264

Daytime Telephone (202) 225-5330 (760) 325-7318

Filer Status: [X] Member of the U.S. House of Representatives — State. District. [ ] Officer or Employee — Employing Office HR/MEMBER SERVICES

Report Type: [X] Annual (May 15) [ ] Amendment [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Mary Bono	

Name MARY BONO | Page 1 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	AFTRA RETIREMENT FUND	SPOUSE PENSION (ROLLOVER)	5,776
	AFTRA RETIREMENT FUND	SPOUSE PENSION	36,152

For payments to charity in lieu of honoraria, use Schedule II.

Name MARY BONO | Page 2 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples. Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
XYZ Magazine	Article	Aug. 13, 1999	$500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: Transaction P, S, E
SP, DC, JT	Examples: SP Mege Corp. Stock					X								X										X								P
	Examples: Simon & Schuster			Indefinite																Royalties									X			
	Examples: 1st Bank of Paducah, KY accounts						X									X									X							
	UNION BANK OF CA				X											X							X									
	CONGRESSIONAL CREDIT UNION		X													X						X										
	METLIFE INVEST	X														X							X									
	MERRILL LYNCH CMA							X						X											X							
DC	UNION BANK OF CA				X											X					X											
DC	UNION BANK OF CA				X											X					X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name MARY BOND

Page 4 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	EQUITY INC - S&P 500							X						X		X									X							
	MERRILL LYNCH - MUNI BONDS							X								X										X						
	ESTATE OF SALVADORE BOND	X																		TRUST								X				
	BOND COLLECTION TRUST							X												TRUST								X				
	ML CMA - IRA			X										X								X										
	FNCG CORP. STRIPS - IRA						X							PAID ON MATURITY							PAID ON MATURITY											
	EQUITY INC. S&P 500 - IRA						X							X								X										
	UNION BANK OF CA - IRA	X														X						X										
DC	CATS SERIES M BOND	X														X								X								
DC	CATS SERIES R BOND				X											X								X								
DC	EQUITY INC - S&P 500				X									X			X							X								
DC	FING CORP. STRIPS				X											X																
DC	ML CMA/READY ASSET		X											X								X										
DC	LA COUNTY BONDS			X										PAID ON MATURITY							PAID ON MATURITY											
DC	ESTATE OF SALVADORE BOND	X																		TRUST							X					
DC	ESTATE OF SALVADORE BOND	X																		TRUST							X					
DC	BOND COLLECTION TRUST						X													TRUST							X					
DC	BOND COLLECTION TRUST						X													TRUST							X					
DC	US TREASURY STRIPS				X											X								X								
DC	EQUITY INC - S&P 500					X								X			X								X							
DC	ML CMA/READY ASSET				X									X									X									

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SCHEDULE IV — TRANSACTIONS

Name MARY BOND

Page 5 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	Example: Mega Corporation Common Stock	X			10–12–99		X								
	INFONET SVCS CORP		X		12-16-99	X									
	SAN DIEGO COUNTY — CA BONDS		X		9-30-99			X							
DC	CA TSERIES M ZERO COUPON BONDS		X		11-15-99		X								
	CENTRAL VALLEY SCHOOL DIST. BONDS	X			1-13-99		X								
	CALIF. HEALTH FCS BONDS	X			1-13-99		X								
	EQUITY INCOME FUND - S&P 500	X			VARIOUS			X							
DC	EQUITY INCOME FUND - S&P 500	X			VARIOUS	X									
DC	EQUITY INCOME FUND - S&P 500	X			VARIOUS	X									
	EQUITY INCOME FUND - S&P 500	X			VARIOUS	X									

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Name MARY BOND | Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
LOUISIANA CENTER FOR WOMEN + GOVT.	MARCH 5-6	PALM SPRINGS CA - NEW ORLEANS - P.S./CA	Y	Y	N	N
LINCOLN CLUB OF NO. CA.	FEB. 19-20	PALM SPRINGS - CA - SF., CA - P.S/CA	Y	Y	N	N
CUMBERLAND CO. REPUBLICAN PARTY	MARCH 22	P.S. CA - HARRISONBURG, PA	N	N	N	N
SAN MATEO REPUBLICAN PARTY	SEPT. 26-27	ONTARIO, CA - SAN JOSE, CA - WASH D.C.	Y	Y	N	N
NAT. FEDERATION OF REPUBLICAN WOMEN	OCT 15-16	WASH, DC - SEATTLE, WASH - P.S., CA	Y	Y	N	N
CA. FEDERATED REPUBLICAN WOMEN	NOV. 6	P.S. CA - SAN DIEGO, CA - P.S. CA	Y	Y	N	N
HAWAII REPUBLICAN PARTY	DEC. 1-4	P.S. CA - HONOLULU HI - P.S/CA	Y	Y	Y	Y

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
PRESIDENT	SONNY BONO, INC. (COMPANY WAS DISSOLVED DURING 1999)
PRESIDENT	CHER ENTERPRISES, INC.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
00 MAY 12 AM 11:46
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
(2)
MC HAND DELIVERED
(Office Use Only)

Robert A. Borski
(Full Name)

2267 Rayburn HOB, Washington, DC 20515
(Mailing Address)

(202) 225-8251
Daytime Telephone

Filer Status	[X] Member of the U S House of Representatives	State PA District 3	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [X]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Robert A. Borski	5/11/00

Name	Rep. Robert A. Borski	Page 2 of 2

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Burlington Northern Santa Fe	May 14- May 16	Wash, DC - Chicago - Philadelphia, PA	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 11 AM 9:13
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
MC (5)
HAND DELIVERED
(Office Use Only)

Leonard L. Boswell
(Full Name)

RR1 Box 130
Davis City, IA 50065
(Mailing Address)

202 225 3806
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: IA District: 3	[ ] Officer or Employee	Employing Office:
Report Type	[ ] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Leonard L Boswell	5-11-00

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Lamoni Community School	Spouse Salary	18363.26
Excel Communication Marketing	Spouse Commission	612.95
State of Iowa	legislative pension	7697.19

For payments to charity in lieu of honoraria, use Schedule II.

Name Leonard L. Boswell | Page 3 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source		Block B: Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000)	Block C: Type of Income (Dividends; Rent; Interest; Capital Gains; Excepted Trust; Qualified Blind Trust; Other Type of Income (Specify: For Example, Partnership Income or Farm Income))	Block D: Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000)	Block E: Transaction (P, S, E)
SP, DC, JT	Examples: SP Mega Corp Stock	E	X	Dividends	V	P
	Examples: Simon & Schuster		Indefinite	Royalties	X	
	Examples: 1st Bank of Paducah, KY accounts		F	Interest	VI	
	Agriculture Land 475 Acres IA New Buda & Burrell Township IA N Lincoln Co.		F	N/A Capital Gains	N/A VI	
	Farm Equipment		E	N/A Capital Gains	N/A VI	
	U.S. West Cellular		E N/A	Dividends X	V X	
	Breeding Stock		F X	Sale of calves	VII X	
	Citizens State Bank Leon IA	C X		Interest X	III X	
	WHITED OUTDOOR SIGNS	C X		Rent X	III X	
	Farmers COOP Lamoni IA Deferred Patronage	C X		Dividends X	III X	

For additional assets and unearned income, use next page.

Name Leonard L. Boswell | Page 4 of 5

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	Sale of calves		X		11-9-99		X								

This page may be copied if more space is required.

Name Leonard L. Boswell | Page 5 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Citizens State Bank, Lem, IA	Loan on Machinery	X									
	" " "	Farm Operating Loan		X								
	" " "	Mortgage on Land, Burrell Township, Decatur Co., IA.		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 10 PM 1:31
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Frederick C. Boucher
(Full Name)

2329 Rayburn House Office Building
(Mailing Address)

202-225-3861
Daytime Telephone

Washington, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: Virginia District: 9	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Frederick C. Boucher	May 9, 2000

Name Frederick C. Boucher

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset	Block C: Type of Income	Block D: Amount of Income	Block E: Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP, DC, JT — *Examples:* SP — Mega Corp. Stock		E: X	DIVIDENDS: X	IV: X	P
Examples: Simon & Schuster		B: Indefinite	Other Type of Income: Royalties		
Examples: 1st Bank of Paducah, KY accounts		F: X	INTEREST: X	VI: X	
	Bank of America-Checking Acct.	C: X	INTEREST: X	III: X	
	Nations Securities-Savings Acct.	D: X	INTEREST: X	IV: X	
	Individual Retirement Acct.-Nations Securities	E: X	DIVIDENDS: X; INTEREST: X	V: X	
	First Virginia Bank-Preferred Stock	C: X	DIVIDENDS: X	II: X	
	Community National Bank-Common Stock	C: X	DIVIDENDS: X	II: X	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Frederick C. Boucher

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Vanguard S&P 500 Index Mutual Fund					X								X			X								X								P
	United Company Mutual Fund			X										X			X							X									P
	Fidelity Select Technology Mutual Fund				X									X			X							X									P
	Vanguard Growth Index Mutual Fund			X										X			X						X										P
	Nydex Over the Counter Mutual Fund			X																	X												P
	Lot-Town of Damascus			X																	X												
	Lot-Washington County			X																	X												

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Frederick C. Boucher

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	Fidelity Select Technology Mutual Fund	X			1/4/99	X									
	Fidelity Select Technology Mutual Fund	X			7/12/99	X									
	Fidelity Select Technology Mutual Fund	X			9/18/99	X									
	Fidelity Select Technology Mutual Fund	X			12/27/99	X									
	United Company Mutual Fund	X			1/11/99	X									
	Vanguard Growth Index Mutual Fund	X			5/3/99	X									
	Vanguard S&P 500 Index Mutual Fund	X			4/24/99	X									
	Vanguard S&P 500 Index Mutual Fund	X			12/27/99	X									
	Rydex Over the Counter Mutual Fund	X			12/31/99	X									

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	See Attached						

This page may be copied if more space is required.

SCHEDULE VII

TRAVEL PAYMENTS AND REIMBURSEMENTS

SOURCE	LOCATION	EXPENSES	DATE
GTE	Boston, Massachusetts	Travel from Washington, DC to Boston for presentation on prospects for passage of Internet-related legislation. Meals for one day during which the round trip was accomplished.	4/5/99
GTE	Roanoke, Virginia	Travel from Washington, DC for speech to GTE Forum on workforce training needs in the information technology industry. Round trip accomplished in one day.	3/24/99
Wise Technology Commission	Wise, Virginia	Travel from Wise, Virginia to Washington, DC following speech on the prospects for the passage of Internet legislation.	4/26/99
GTE	Richlands, Virginia	Travel from Richlands, Virginia to Washington, DC following presentation on enhanced telecommunication services	5/3/99
Virginia Coal Council	Abingdon, Virginia	Travel from Abingdon, Virginia to Washington, DC following keynote address on federal energy industry restructuring legislation.	5/11/99

SCHEDULE VII

TRAVEL PAYMENTS AND REIMBURSEMENTS

SOURCE	LOCATION	EXPENSES	DATE
The Ripon Educational Foundation	Stockholm	Travel from Washington, DC and lodging for six nights in association with speech to and participation in Transatlantic Forum on telecommunication policy and the 1999 United States Telecommunications agenda. Meals for six days.	8/13/99-8/20/99
German Parliamentary Exchange Foundation	Dresden and Berlin	Travel, meals and lodging for four nights in association with speech on current Internet policy issues and participation in conference with German Parliament members on bilateral U.S.-German relations.	11/30/99-12/3/99
The Brookings Institution	Tokyo	Travel, meals and lodging for four nights in association with speech on emerging electronic commerce issues and follow-up discussions with government representatives.	12/6/99/-12/10/99

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member-Board of Directors	First Virginia Bank- Mountain Empire

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

F. Allen Boyd Jr.
(Full Name)

Route 2, Box 33
(Mailing Address)

Monticello, FL 32344
Daytime Telephone: 202-225-5235

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: FL District: 02	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION- Have you excluded from this report any other essets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	F. Allen Boyd Jr.	5.15-00

Name F. Allen Boyd Jr. | Page 2 of 8

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Thomas L. Folsom, Jr	spouse commissions	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$ 500
	KMart	Race for Charity	9/22/99	$500.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A Asset and/or Income Source	BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description iin this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP. DC. *Examples:* SP. Mega Corp. Stock JT. 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
ABC Bank Group	$50,001 - $100,000	Dividends	$2,501 - $5,000	
Capital City Bank Group	$50,001 - $100,000	Dividends	$1,001 - $2,500	
BCT Gin Co., Inc. Cotton Gin	$100,001 - $250,000	Dividends	$50,001 - $100,000	
Boyd-Tuten Cattle Cattle Farm	$15,001 - $50,000	Capital Gains	NONE	
Wright-Patman FCU Farm	$100,001 - $250,000	Interest	$5,001 - $15,000	
Boyd Family Farms, Inc.	$100,001 - $250,000	Dividends	NONE	
F. A. Boyd Sons, Inc. Farm	$100,001 - $250,000	Dividends	NONE	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	FABJ Inc. Farm	None	Dividends	$5,001 - $15,000	
	IDS - American Express IRA	$50,001 - $100,000	Dividends	$2,501 - $5,000	

Name F. Allen Boyd Jr. | Page 6 of 8

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Farm Credit Service, Monticello, FL	Farm Loan	$500,001 - $1,000,000

Name F. Allen Boyd Jr. | Page 7 of 8

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Southern Peanut Farmers Association	July 25 - 26	Tallahassee-Panama City-Wash., DC	Y	Y	N	N
American Israel Education Foundation	Aug. 25 - Sept. 2	Tallahassee-Israel-Tallahassee	Y	Y	Y	N
Delta Airlines, United Parcel Service, Turner Broadcasting, The Coca-Cola Company	Oct. 24 - 25	Tallahassee-Atlanta-Wash., DC	Y	Y	N	N
Dee Dot Timberlands	Nov. 19 - 21	Wash., DC-Jacksonville-Tallahassee	Y	Y	N	N

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
President & Majority Stockholder	Boyd Family Farms, Inc.
President	FABJ, Inc.
Board Member	Jefferson County Farm Bureau

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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Kevin Patrick Brady
(Full Name)

P.O. Box 8277
(Mailing Address)

The Woodlands TX 77387

Daytime Telephone: (202) 225-4901

Filer Status	[X] Member of the U.S. House of Representatives	State: TX District: 08	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date.

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your epouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file the report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL K P Brady

DATE (Month/Day/Year) 6/14/2000

Name Kevin Patrick Brady	Page 1 of 1

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U.S. House of Representatives	Salary: Kevin Brady	$126,740.04
	Chase Bank of Texas, N.A.	Salary: Spouse (Cathy)	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC JT	*Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Annuity Fidelity VIP Growth Fund	$15,001 - $50,000	NA	None	NA
	Annuity NEUB/BER AMT Growth Fund	$15,001 - $50,000	NA	None	NA
JT	Putnam Growth & Income Fund	$1,001 - $15,000	NA	None	NA
	State of Texas Retirement System	$1,001 - $15,000	NA	None	NA
SP	Chase Securities of Texas: Compaq Computer Stock	$15,001 - $50,000	NA	None	NA
SP	Chase Retirement Plan	$15,001 - $50,000	NA	None	NA

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

SP	Chase Savings Retirement Plan 401k	$100,001 - $250,000	NA	None	NA
SP	Chase Manhattan Employee Stock	$1,001 - $15,000	NA	None	NA
SP	Chase Securities Employee Stock Option Plan	$15,001 - $50,000	NA	None	NA
SP	Texas Commerce Bank Super Savings Account	$1,001 - $15,000	Interest	$201 - $1,000	NA
JT	Chase Bank of Texas Personal Checking Account	$1,001 - $15,000	NA	None	NA
	Pacific Life VUL	$1,001 - $15,000	NA	None	NA
SP	Pacific Life VUL	$1 - $1,000	NA	None	NA
	CNA Insurance	None	NA	None	NA
SP	CNA Insurance	None	NA	None	NA
	IRA Putnam International New Opportunities	$1,001 - $15,000	NA	None	NA
	Farmers New World Life Insurance	$1,001 - $15,000	NA	None	NA
DC	UTMA for William Brady - JANUS funds	$1 - $1,000	NA	None	P
SP	H&Q IPO & Emerging Companies Fund Common Stock	$1,001 - $15,000	NA	None	P

Name Kevin Patrick Brady | Page 1 of 1

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
SP	H&Q IPO & Emerging Company Funds Common Stock	Purchase	12-31-99	$1,001 - $15,000

Name Kevin Patrick Brady	Page 1 of 1

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
International Republican Institute: At request of IRI, signed agreement with major political parties in Republic of Georgia to introduce a democratic caucus system into the candidate selection process for parliamentary elections held fall, 1999.	April 15-20	Houston-Republic of Georgia (Tbilisi, Gori, Kutaisi, Batumi)-Houston.	Y	Y	N	None.
(continued) Held town hall meetings with regional party leaders and Georgian citizens throughout the former Soviet state, explaining democracy and caucus system. See www.iri.org for Commonwealth of Independent States; Georgia; Accomplishments.	see above	see above	Y	Y	N	see above

Name Kevin Patrick Brady | Page 1 of 1

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Advisory Board Member	Montgomery County Pachyderm Club
Advisory Board Member	Morton Blackwell Leadership Institute
Advisory Board Member	Women Helping Women, Inc.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

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OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
MAY 12 2000
(Office Use Only)

Robert A. Brady
(Full Name)

1301 Kimberly Drive
(Mailing Address)

Philadelphia, PA 19151-2834

Daytime Telephone
202 225-4731

Filer Status	[X] Member of the U.S. House of Representatives	State: PA District: 1	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Rob A Brady 5-12-2000	5-12-2000

Name Robert A. Brady	Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Redevelopment Authority of the City of Philadelphia	Spouse Salary	N/A
	Philadelphia Writ Service, Inc.	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Robert A. Brady | Page 3 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E
SP, DC, JT	*Examples:* SP Mega Corp. Stock					X								X										X								P
	Simon & Schuster		Indefinite																	Royalties									X			
	1st Bank of Paducah, KY accounts						X									X									X							
JT	Phila Federal Credit Union					X										X								X								
	Roxborough Manayunk Bank		X													X								X								
	City of Philadelphia			X																Pension Accrual	X											
	Metropolitan Regional Council				X															"	X											
	Pennsylvania Turnpike Commission			X																"	X											
SP	Delaware Investments		X													X						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert A. Brady

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Redevelopment Auth. City of Phila					X														Pension Accrual											

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Part-Time Administrative Assistant	Metropolitan Regional Council

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
2/19/99	Metropolitan Regional Council	Member is a part-time administrative assistant. He receives no salary. The Council continues the accrual and and vesting of his pension. The 1999 cost was $6,624.80.

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 15 PM 3:34
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U.S. HOUSE OF REPRESENTATIVES
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MC
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Hon. Corrine Brown
(Full Name)

2444 Rayburn House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone
(202) 225-0123

Filer Status	[X] Member of the U.S. House of Representatives	State: Florida District 3rd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Corrine Brown	5/12/2000

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000)	Block C: Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income))	Block D: Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000)	Block E: Transaction (P, S, E)
SP, DC, JT	Examples: SP Mega Corp. Stock	F: X	DIVIDENDS: X	IV: X	P
	DC Simon & Schuster	Indefinite	Other: Royalties	IX: X	
	JT 1st Bank of Paducah, KY accounts	F: X	INTEREST: X	VI: X	
	1844 Willowood Drive Jacksonville, FL				
	Accounts Receivable for sale of: Gator Travel Agency; Emilio F. Torres Fernando J. Alvarez, Fernando A. Alvarez (debtors)				

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Hon. Corrine Brown

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Wright Patman Credit Union																													
	Bank of America (formerly)																													
	Barnett Bank of Florida																													

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SCHEDULE IV — TRANSACTIONS

Name Hon. Corrine Brown

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–99		X								
	1844 Willowood Drive, Jax, FL		X		06-99		X								

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Housing Investment Inc, Jacksonville, FL	Mortgage on 1844 Willowood Drive, Jax, FL		X								
	Bank of America (formerlly Barnett Bank)	Loan - Personal		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	International Longshoremen Association	Jul. 17-19	Wash.,D.C.- Orlando-Wash., D.C.	Y	Y	N	N
	American Assoc. of Woman Podiatrists	May 22-23	Orlando-Ft.Lauderdale-Jacksonville	Y	Y	N	N
	Delta Sigma Theta Sorority, Inc.	May 14-17	Wash.,D.C.-Portland-Wash.,D.C.	N	Y	N	N
	Codel	April 29-May 2	Andrews, AFB-Vienna, Austria-Andrews, AFB	N	Y	N	N
	Jacksonville Port Authority	April 21-24	Wash.,D.C.-Puerto Rico-Wash.,D.C.	Y	Y	N	N
	American Assoc. of Railroads	Apr. 9-12	Orlando-Palm Beach-Jacksonville	Y	Y	N	N
	Conference of Minority Transportation Officials	March 29	Jacksonville-Ft. Lauderdale-Miami-Jacksonville	N	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
00 MAY 24 PM 3:32

Hon. Corrine Brown
(Full Name)

2444 Rayburn House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone
(202) 225-0123

✓ HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: Florida District: 3rd	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Corrine Brown	5/24/2000

Name Hon. Corrine Brown

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000)	Block C: Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income))	Block D: Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000)	Block E: Transaction (P, S, E)
SP, DC, JT	*Examples:* SP Mega Corp. Stock	E	DIVIDENDS	IV	P
	Simon & Schuster	Indefinite	Royalties	IX	
	1st Bank of Paducah, KY accounts	F	INTEREST	VI	
	1844 Willowood Drive	E			S
	Jacksonville, FL				
	Accounts Receivable for sale of: Gator Travel Agency; Emilio F. Torres Fernando J. Alvarez, Fernando A. Alvarez (debtors)	E			

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Hon. Corrine Brown

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Wright Patman Credit Union			X																											
	Bank of America (formerly)			X																											
	Barnett Bank of Florida																														

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Name Hon. Corrine Brown

Page 4 of 6

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
	1844 Willowood Drive, Jax, FL		X		06-99		X								

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Housing Investment Inc, Jacksonville, FL	Mortgage on 1844 Willowood Drive, Jax, FL		X								
	Bank of America (formerlly Barnett Bank)	Loan - Personal		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
International Longshoremen Association	Jul. 17-19	Wash.,D.C.- Orlando-Wash., D.C.	Y	Y	N	N
American Assoc. of Woman Podiatrists	May 22-23	Orlando-Ft.Lauderdale-Jacksonville	Y	Y	N	N
Delta Sigma Theta Sorority, Inc.	May 14-17	Wash.,D.C.-Portland-Wash.,D.C.	N	Y	N	N
Codel	April 29-May 2	Andrews, AFB-Vienna, Austria-Andrews, AFB	N	Y	N	N
Jacksonville Port Authority	April 21-24	Wash.,D.C.-Puerto Rico-Wash.,D.C.	Y	Y	N	N
American Assoc. of Railroads	Apr. 9-12	Orlando-Palm Beach-Jacksonville	Y	Y	N	N
Conference of Minority Transportation Officials	March 29	Jacksonville-Ft. Lauderdale-Miami-Jacksonville	N	Y	N	N

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FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Sherrod Brown
(Full Name)

2625 E. Erie
Lorain OH 44052
(Mailing Address)

225-3401
Daytime Telephone

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

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Filer Status	[X] Member of the U.S. House of Representatives	State OH District 13	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Sherrod Brown	May 12, 2000

Name Sherrod Brown	Page of

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of OH Deferred Compensation Program	Deferred income	14,276.

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page ___ of ___
Sherrod Brown	

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1999	$500
Case Western Reserve University, Cleveland OH	Lecture series/NAFTA	June 1, 1999	150.

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Name Sherrod Brown | Page ___ of ___

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income
For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction
Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E P, S, E
SP	Examples: Mega Corp. Stock					X								X										X									P
	Simon & Schuster		Indefinite																	Royalties									X				
	1st Bank of Paducah, KY accounts						X									X										X							
	Brownlea Farm -OH				X										X																		
	OH PERS				X											X								N/A									
	Nationwide (ret)					X								X										N/A									
	Fidelity (IRA) Magellan Fund				X											X								N/A									
	Muhlenkamp Fund -PA				X									X									X										
	Bramwell Growth -NY				X									X									X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sherrod Brown

Page ___ of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	American Century - MO				X									X											X							
	Navellier Agg Cap - MD			X										X								X										
	Ariel Inv. Trust - Il			X												X							X									
	Calvert Soc Inv Fund - MD			X												X							X									
	Cong Fed Credit Union - DC			X												X							X									
	American National Bank - OH		X													X						X										
	AOL (gift from father)			X										X							X											

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Name Sherrod Brown | Page ___ of ___

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycrolt Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Commonwealth Fund to Harvard U	Jan. 21-23	DC - Miami - Clev	Y	Y	N	N
	Faith & Politics Institute	Mar 5-7	Col - Ala - Col	Y	Y	Y	N
	OSU Mershon Center	Apr 22-26	DC - Warsaw - DC	Y	Y	N	N
	Taiwan World Health Alliance	May 14-18	DC - Geneva - DC	Y	Y	N	N
	Aspen Institute	Aug 16-21	Clev - Berlin - Clev	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A (1)

For use by Members, officers, and employees

(5)

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U.S. HOUSE OF REPRESENTATIVES

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EDWARD G. BRYANT
(Full Name)

P.O. BOX 430
Henderson, TN 38340
(Mailing Address)

202-225-2811
Daytime Telephone

Filer Status	[X] Member of the U.S House of Representatives	State District	[ ] Officer or Employee — Employing Office.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[ ]	[X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[ ]	[X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	[ ]	[X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[X]	[ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	[X]	[ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[ ]	[X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	[ ]	[X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of e spouse or dependent child because they meet all three tests for exemption?	[ ]	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Edward G. Bryant	May 3, 2000

Name Edward G. Bryant

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each* asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E P, S, E
SP, DC, JT	Examples: SP Mega Corp Stock					X								X																		P
	DC Simon & Schuster			Indefinite																Royalties									X			
	JT 1st Bank of Paducah, KY accounts						X									X									X							
JT	Money Market Account Volunteer (now BancorpSouth)			X												X							X									
	IRA Account Volunteer (now BancorpSouth)				X											X								X								
SP	IRA Account USAA - San Antonio, TX			X										X									X									
DC	U.S. Savings Bonds			X												X							X									
DC	Mutual Funds USAA				X									X									X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Edward G. Bryant

Page 3 of 5

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	1699 Hollywood-Jackson, TN					X									X									X								
	U.S. Savings Bonds		X													X							X									

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Name Edward G. Bryant | Page 4 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	The Bank of Jackson, Jackson, TN	Mortgage on 1649 Hollywood		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr Joseph H Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Edward G. Bryant | Page 5 of 5

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycrolt Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	(Y)	Y	Y	4 Days
	Nebraska Youth Leadership Forum Lincoln, Nebraska	Feb 18-19	Memphis – Omaha Omaha – Memphis	Y 86.11	N	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Richard Burr
(Full Name)

2634 Forest Drive
(Mailing Address)

Winston-Salem NC 27104

Daytime Telephone: (202) 225-2071

Filer Status	[X] Member of the U.S. House of Representatives	State NC District 05	[ ] Officer or Employee	Employing Office.	A $200 penalty shall be assessed against anyone who files more than 30 days late.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	X	
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**		X
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	X	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?		X
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?		X

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5-9-00

Name Richard Burr	Page of

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Graham and Boles Realty, Winston-Salem, North Carolina	Spouse Commission	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Richard Burr | Page ___ of ___

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb. 2, 1999 Aug. 13, 1999	$2,000 $ 500
	Honda North America	Speech	August 10, 1999	$1,000.00
	KMart	Participation in charity event	September 22, 1999	$500.00

Name Richard Burr	Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year For rental property or land, provide an address Provide full names of any mutual funds. For a self-directed IRA (i e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location For additional information, see the instruction booklet for the reporting year Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description iin this block	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income For all other assets, indicate the category of income by checking the appropriate box below Dividends, even if reinvested, should be listed as income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC JT	*Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	625 Polo Road, Winston-Salem, NC	$50,001 - $100,000	Rent	$5,001 - $15,000	
SP	Sara Lee Corp. stock	$1,001 - $15,000	Dividends	$1 - $200	
SP	BB and T stock	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	Goldman Sachs Equity	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Edward D. Jones cash money market	$1,001 - $15,000	Interest	$201 - $1,000	
SP	Graham and Boles Realty	$1,001 - $15,000	Dividends	$1,001 - $2,500	
SP	Piedmont Triad Mortgage	$1 - $1,000	Dividends	$1 - $200	P

Name Richard Burr | Page of

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

DC	Edward D Jones cash market	$1,001 - $15,000	Interest	$1 - $200	
DC	BB and T stock	$15,001 - $50,000	Dividends	$201 - $1,000	
DC	Small Cap Fund	$1,001 - $15,000	Dividends	$201 - $1,000	
DC	Lord Abbot Dev. Growth Fund	$1,001 - $15,000	Dividends	$1 - $200	
	Putnam Income Fund	$15,001 - $50,000	Dividends	$2,501 - $5,000	S
	Bond Fund of America	$1,001 - $15,000	Dividends	$201 - $1,000	S
	Edward Jones cash	$1,001 - $15,000	Interest	$1 - $200	
	Tenn. Valley Authority Bond	$1,001 - $15,000	Interest	$201 - $1,000	
JT	Piedmont Federal Savings	$1,001 - $15,000	Interest	$1 - $200	
SP	Central Carolina Bank	$1 - $1,000	Interest	$1 - $200	
JT	BB and T Savings	$1,001 - $15,000	Interest	$201 - $1,000	

Name Richard Burr	Page ___ of ___

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	Putnam Income Fund	Sold	January 27, 1999	$15,001 - $50,000
	Bond Fund of America	Sold	January 27, 1999	$1,001 - $15,000
SP	Piedmont Triad Mortgage	Purchase	February 8, 1999	$1,001 - $15,000

Name Richard Burr | Page ___ of ___

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples. Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Ripon Educational Fund	August 14-21	Greensboro, NC-Stockholm, Sweden-Greensboro, NC	Y	Y	Y	N
Wachovia Bank N.A	March 22	Winston-Salem, NC-Richmond, VA-Winston-Salem, NC	N	N	N	N
Corning, Inc.	October 29-31	Washington, DC-Augusta, GA-Washington, DC	Y	Y	N	N
Instinet/Time Warner	December 17-23	Washington, DC-Paris, France-Washington, DC	Y	Y	Y	N

Name Richard Burr	Page ____ of ____

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Co-Chairman	Partnership for a Drug Free North Carolina
Board Member	Brenner's Children's Hospital

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

00 MAY 15 PM 5:47

(10)

HAND DELIVERED
(Office Use Only)

Danny Lee Burton
(Full Name)

2185 Rayburn Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone (202)225-2276

Filer Status	[X] Member of the U.S. House of Representatives	State Indiana District 6	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Danny Burton	5/15/00

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Burton Agency - Spouse	Commissions	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name	Danny Lee Burton	Page 3 of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
Examples: XYZ Magazine	Article	Aug 13, 1999	$500
Virgo Publishing	Keynote Speaker	11/12/99	$2000
Thomson Consumer Electronics	V-Chip Commemoration	7/2/99	$849
Direct Marketing Association	Speaker	3/13/99	$2000

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Name: Danny Lee Burton

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each* asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock					X								X										X								P
	Simon & Schuster		Indefinite																	Royalties									X			
	1st Bank of Paducah, KY accounts						X									X										X						
	Agnico-Eagle Mines			X										X								X										
	Canyon Resources Corp.		X											None							X											
	Corixa Corp. (formerly RIBI Immunochem)		X											None							X											
	Homestake Mining Co.		X											X								X										
	Newmont Mining Co.			X										X								X										
	Nuveen Municipal App. Fund			X										X										X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Danny Lee Burton

Page 5 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Baird General Gov. Sec		X													X						X										
	Baird General MM				X											X								X								
	Baird Ins. Deposit M&I					X										X									X							
SP	Baird Ins. Deposit M					X										X									X							
SP	Prud. Balanced Fd.	X												X			X							X								
SP	Prud. Int. Global Inc	X												X			X						X									
SP	Prud. World Fund	X															X										X					
SP	Community 1st 5.0 CD	X														X								X								
	Prudential Balanced	X												X			X							X								
	Prud. Int. Global Inc	X												X			X					X										
	Prud. World Fund	X															X									X						
	Queens Cnty 5.00 CD	X														X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Danny Lee Burton

Page 6 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Burton Agency				X															SEE SCHEDULE I												
	Harting Farm - Hancock Co.						X								X										X							
	Laurel Co. KY land (20 Acres)				X											NONE					X											
	Residential Rental 1037 Mustang Court Franklin, IN					X									X											X						
	Residential Rentals (Dbls) 2176-2181 Galaxy Dr. Franklin, IN							X							X												X					
	Lowery Farm, IN (33.3 Acres)						X								X										X							
	CountryView Estates Hancock Co., IN (4 Acres)						X										X										X					
	Burton Ranch					X										NONE					X											
	Johnson Co. Land (5 acres)				X											NONE						NONE										
	Johnson Co. Land (16.84 Ac						X									NONE						NONE										

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Danny Lee Burton

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
SP	Prud World FD Global Ser Cl B		X		9/3/99		X								
SP	Prud Balanced Fd Cl B		X		9/3/99		X								
SP	Prud Intermediate Blbl Inc. Cl B.		X		9/3/99		X								
SP	Community 1st 5.00 CD	X			9/8/99			X							
SP	Community 1st 5.00 CD		X		12/15/99			X							
SP	Baird Ins. Deposit M&I	X			12/20/99			X							
	Prudential Balanced Fund Cl B		X		9/3/99		X								
	Prudential World Fund Inc. Fnd Cl A		X		9/3/99		X								
	Prudential Intermediate GIbl Inc Fd Cl A		X		9/3/99		X								
	Queens Cnty 5.00 CD	X			9/9/99			X							
	Queens Cnty 5.00 CD		X		12/15/99			X							
	Baird Ins. Depositi M&I	X			12/20/99			X							
	Ribi Immunochem Res Chg Inc.			X	10/8/99	Less than $1000									
	Cil Corixa Corp.			X	10/8/99	Less than $1000									
	Country View Estates Lot		X		5/17/99		X								
	Country View Estates Lot		X		8/12/99		X								

This page may be copied if more spece is required.

Name Danny Lee Burton

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Citizens Bank of Central Indiana	2176-2181 Galaxy Drive Franklin, IN					X					
	Citizens Bank of Central Indiana	1037 Mustang Court Franklin, IN			X							
	Maurice and Helen Linville	16.84 Acres/Johnson Co., IN				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Direct Marketing	3/13 - 16/99	Ind/Boca Raton/Ind	Y	Y	Y	N
	NBC "Meet the Press"	8/30/99	Idaho/DC	N	N	N	N
	Cent. For Children Foundation	9/24-27/99	DC/San Diego/DC	Y	Y	N	N
	Cent. For Popular Culture	9/2-6/99	Ind/Col. Springs/Ind	Y	Y	Y	N
	Virgo Publishing	9/12 -15/99	DC/Las Vegas/DC	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Consultant (uncompensated)	Burton Agency
Honorary Chairman	National Defense Council Foundation

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

OPO: 1999 55-195 (mac)

Use additional sheets if more space is required.

LEGISLATIVE RESOURCE CENTER
00 MAY 15 PM 3:10
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

(6)

MC HAND DELIVERED
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Stephen Earle Buyer
(Full Name)

227 Cannon House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202/225-5037

Filer Status					
	[X] Member of the U.S. House of Representatives	State IN District 05	[ ] Officer or Employee	Employing Office:	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:	

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Stephen Earle Buyer	May 15, 00

Name Stephen Earle Buyer | Page 1 of 5

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Schilli Transportation	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A Asset and/or Income Source	BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude**: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples* SP Mega Corp Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	Money Market Account, Charles Schwab, Indianapolis, Indiana	$100,001 - $250,000	Interest	$15,001 - $50,000	NA
JT	Savings Account, Norwest Bank, Monticello, Indina	$1,001 - $15,000	Interest	$1 - $200	NA
	IRA, Charles Schwab, Indianapolis, Indiana	$1,001 - $15,000	Interest	$201 - $1,000	NA
SP	IRA, Charles Schwab, Indianpolis, Indiana	$100,001 - $250,000	Interest	$5,001 - $15,000	NA
	Savings Account, Wright Patman Cong. FCU, Washington, DC	$1,001 - $15,000	Interest	$1 - $200	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Checking Account, Wright Patman Cong FCU, Washington, DC	$15,001 - $50,000	NA	None	NA
JT	Checking Account, Norwest Bank, Monticello, Indiana	$1,001 - $15,000	Interest	$201 - $1,000	NA
JT	Law Office, 103 W Broadway, Monticello, Indiana	$50,001 - $100,000	Rent	$5,001 - $15,000	NA
JT	EMC Corporation, Common Stock	$50,001 - $100,000	Capital Gains	$1,001 - $2,500	P AND S
JT	Dell Computer, Common Stock	$100,001 - $250,000	NA	None	P
JT	Dell Computer, Common Stock	$50,001 - $100,000	NA	None	P
JT	American Ecology Corporation, Common Stock	$1,001 - $15,000	NA	None	P

Name Stephen Earle Buyer | Page 4 of 5

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
JT	EMC Corporation, Common Stock	Purchase	2/9/1999	$50,001 - $100,000
JT	EMC Corporation, Common Stock	Sold	2/18/1999	$50,001 - $100,000
JT	American Ecology Corporation, Common Stock	Purchase	3/10/1999	$1,001 - $15,000
JT	Dell Computer, Common Stock	Purchase	2/4/1999	$100,001 - $250,000
JT	Dell Computer, Common Stock	Purchase	5/21/1999	$50,001 - $100,000

Name Stephen Earle Buyer | Page 5 of 5

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St Dover, Del	$100,001 - $250,000
JT	Norwest Mortgage, Monticello, IN	Mortgage on Law Office, 103 W. Broadway, Monticello, Indiana	$50,001 - $100,000

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

00 MAY 11 PM 3:29
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

(6)

HERBERT LEON CALLAHAN
(Full Name)

3251 RIVERE DU CHIEN DRIVE
(Mailing Address)

Daytime Telephone

MOBILE, AL 36693

Filer Status	[X] Member of the U.S House of Representatives	State AL District 01	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	H L Callahan	5/10/00

Name HERBERT LEON CALLAHAN	Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U.S. HOUSE OF REPRESENTATIVES	SALARY	$136,700
	1) FURNITURE LEASING CORPORATION	SPOUSE SALARY	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name HERBERT LEON CALLAHAN

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E P, S, E
SP, DC, JT	Examples: SP Mega Corp Stock					X								X										X								P
	Indefinite: Simon & Schuster																			Royalties								X				
	1st Bank of Paducah, KY accounts						X									X										X						
	AMSOUTH BANK						X									X							X									
	FEDERAL CREDIT UNION				X											X							X									
	THE FINCH COMPANIES						X									X										X						
	REGIONS BANK			X												X									X							
	FROM "SUB S" CORPORATION																															
	PASS THROUGH ITEMS																															

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HERBERT LEON CALLAHAN

Page 4 of 6

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	FURNITURE LEASING CORP									X				X															X			
	FROM PARTNERSHIP "PASS THROUGH ITEMS"																															
	H. B. DEVELOPMENT VENUTRE				X												X						X									
	DOUBLE M JOINT VENTURE				X										X						X											
	CHOCTAW COUNTY AL CAMP			X																NONE	X											
	CORTE BUSINESS SERVICES COMMON STOCK			X										X							X											
	CHECKERS DRIVE IN RESTAURANTS INC. COMMON STOCK			X										X							X											

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	SOUTHTRUST BANK	PERSONAL	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example. Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
	N/A	

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
PARTNER	DOUBLE - M JOINT VENTURE
PARTNER	H. B. DEVELOPMENT
CHAIRMAN	FURNITURE LEASING CORP.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
10-31-94	SECURE IT SELF STORAGE	WHEN SECURE IT STORAGE WAS SOLD IN 1994 AN AGREEMENT
		TO SHARE NET PROFITS IF SOLD IN FIVE YEARS; AMENDED
		TO TEN YEARS.

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

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HAND DELIVERED
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KENNETH STANTON CALVERT
(Full Name)

2201 Rayburn Building
(Mailing Address)

(202) 225-1986
Daytime Telephone

Washington, D.C. 20515

Filer Status	[XX] Member of the U.S. House of Representatives — State: CA District: 43rd	[ ] Officer or Employee	Employing Office:
Report Type	[XX] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Kenneth S. Calvert	5/9/2000

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	N/A		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C	Speech	Feb. 2, 1999	$2,000
XYZ Magazine	Article	Aug. 13, 1999	$500
N/A			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each* asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	*Examples.* Mega Corp Stock					X								X										X								P
DC	Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
	Commercial Rental 63 W Grand, Corona, CA							X							X						X											
	Vacant Land Greenway Farms, TX							X							X						X											
	Note Receivable Calvert Real Prop Inc					X										X												X				
	Stock, Calvert Real Prop, FNC, Corona, CA						X										X				X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Kenneth Stanton Calvert

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction P, S, E
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	
	Land - Temescal Creek Corona, CA	F	RENT	III	
	Comm'l Rental (27%) Main/Washburn, Corona	F	RENT	VI	
	Vacant Land, Corona, CA Grand/Blaine LLC 12½%	F	RENT	VI	
	Note Receivable Temescal Int. Prop	D	INTEREST	IX	
	Citizens Bus. BAnk Corona, CA Personal Check/Sav	E			

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Name Kenneth Stanton Calvert | Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10–12–99		X								
	N/A														

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Name Kenneth Stanton Calvert

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Citizens Business BAnk Corona, CA	Mortgage: 63 W Grand Corona,CA				X						
	* Citizens Business Bank, Corona, CA	Personal Note		X								

* Citizens Business Bank Personal Note paid with personal funds 7/14/99

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Aspen Institute	March 19-21	Wash.-Hershey,PA - Wash	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	N/A

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES
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(11)
MC

DAVID LEE CAMP
(Full Name)

5901 WOODVIEW PASS
(Mailing Address)

(202) 225-3561
Daytime Telephone

MIDLAND, MI 48642

Filer Status	[X] Member of the U.S. House of Representatives — State ____ District: ____	[ ] Officer or Employee — Employing Office ____	A *$200 penalty* shall be assessed against anyone who files more than 30 days late.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date ____

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ] No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [X] No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Dave Camp	May 12, 2000

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Name DAVID LEE CAMP | Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
None			

For payments to charity in lieu of honoraria, use Schedule II.

Name DAVID LEE CAMP | Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples. Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
XYZ Magazine	Article	Aug. 13, 1999	$500
None			

This page may be copied if more space is required.

Name DAVID LEE CAMP

Page 1 of 3

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source		Block B: Value of Asset												Block C: Type of Income							Block D: Amount of Income											Block E: Transaction
			A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP	Mega Corp. Stock					X								X										X									P
		Simon & Schuster		Indefinite																	Royalties									X				
		1st Bank of Paducah, KY accounts						X									X									X								
	Chemical Bank & Truet-Checking				X												X						X											
	Chemical Financial Corp.-Stock						X								X										X									
	American Home Products -Stock						X								X										X									S
	Dow Chemical -Stock									X					X													X						S
	Comerica -Stock							X							X											X								
	HJ Heinz - Stock						X								X											X								P

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DAVID LEE CAMP

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Home Depot -Stock							X						X									X									P
	Cisco Systems -Stock						X							X							X											P
	VanKampen Municipal Trust			X												X							X									
	A.G.Edwards-Centennial MMF				X									X		X							X									
	A.G. Edwards-IRA Centennial MMF			X										X		X						X										
	Bond Fund of America				X									X											X							
	Bank of America-Stock			X										X									X									
	Chemical Financial Corp.-Stock				X									X									X									
	H J Heinz -Stock			X										X									X									
	Seligman CMMNCTNS -Fund				X									X							X											
	Seligman Growth-Fund					X								X								X										
	Seligman Hendereon-Fund				X									X							X											
	Abbot Laboratories-Stock					X								X										X								
	American Waterworks-Stock				X									X										X								P
	Walt Disney-Stock				X									X									X									P
	General Electric-Stock					X								X									X									
	GTE Corp. -Stock				X									X										X								P
	Gillette-Stock					X								X									X									P
	Schering Plough-Stock			X										X								X										P
	Hewlett Packard -Stock					X								X									X									
	Intel -Stock						X							X									X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DAVID LEE CAMP

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	S $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Proctor & Gamble -Stock					X								X									X									
	Sprint Corp.-FON-Stock						X							X									X									
	Sprint Corp.-PCS-Stock					X								X							X											
	Bank of America -Stock				X									X									X									
	Colgate Palmolive -Stock			X										X								X										
	Dow Chemical 401(K)						X							X			X										X					
	Mich.State Empl. Def. Comp.				X									X												X						
	Automatic Data Process-Stock					X								X									X									P
	Compuware -Stock					X								X							X											P
	Express Scripts -Stock				X									X							X											P
	Kimberly Clark-Stock				X									X									X									P
	Sara Lee-Stock				X									X									X									P
	Warner Lambert -Stock					X								X									X									P
	Elan Corp.-Stock			X										X							X											P
	Lucent-Stock			X										X								X										
	Dell Computers-Stock			X										X							X											P
	A.G. Edwards -Cash		X																													
	Keil Trust U/A 3-5-98																															
	FBO N.L. Camp, Grantor																															
	Robert Keil, "Excepted Trust"																	X									X					

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Name DAVID LEE CAMP

Page 1 of 2

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
	American Home Products		X		10-11-99 12-01-99			X							
	Chemical Financial		X		10-12-99		X								
	Cisco Systems	X			6-17-99 8-13-99		X								
	Home Depot	X			6-17-99		X								
	Kellogg		X		6-17-99		X								
	American Waterworks	X			4-19-99	X									
	Amgen		X		3-1-99		X								
	Automatic Data Processing	X			5-27-99		X								
	Compuware	X			3-1-99 4-19-99		X								
	Walt Disney	X			3-1-99 4-19-99		X								
	Dow Chemical		X		4-15-99					X					
	Express Scripts	X			8-13-99		X								
	GTE Corp.	X			4-19-99		X								
	Gillette	X			4-19-99	x									
	H J Heinz	X			4-19-99	x									
	Kimberly Clark Corp.	X			12-1-99		X								

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SCHEDULE IV — TRANSACTIONS

Name DAVID LEE CAMP

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Maga Corporation Common Stock	X			10-12-99		X								
	Sara Lee Corp.		X		3-1-99		X								
	Sprint Corp.	X			4-19-99	X									
	Warner-Lambert Corp.	X			03-01-99 05-27-99			X							
	Dell Computer	X			12-01-99	X									
	Schering Plough	X			12-01-99	X									
	Commerce Bancshares		X		9-7-99	X									
	Elan Corp.	X			9-7-99	X									
	Lucent Techoologies	X			3-1-99	X									

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Name DAVID LEE CAMP | Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	A.G. Edwards & Sons, Inc.	Margin Account		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name DAVID LEE CAMP	Page 1 of 1

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
None							

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Name DAVID LEE CAMP	Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
None	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

GPO 2000 62-753 (mac)

Use additional sheets if more space is required

JUN - 2 2000
RECEIVED
LEGISLATIVE RESOURCE CENTER
00 JUN 12 AM 10: 01
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

June 2, 2000

The Clerk, U.S. House of Representatives
Legislative Resource Center
B-106 Cannon House Office Building
Washington, D.C. 20515

✓ ① MC

Dear Clerk of the House,

Please amend my 1999 Financial Disclosure Statement. The response to Preliminary Information, item V should indicate "yes". Schedule V as submitted is correct. Also, Schedule III, Block E, Sara Lee-stock should indicate "s".

Sincerely,

David Lee Camp

David Lee Camp
5901 Woodview Pass
Midland, Michigan 48642

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY -4 AM 10:55
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(67)

MC

HAND DELIVERED
Office Use Only

Thomas J. Cmapbell
(Full Name)

2442 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-2631

Filer Status	[X] Member of the U.S. House of Representatives	State CA District 15	[ ] Officer or Employee	Employing Office:	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Tom Campbell	04.14.00

Name Thomas J. Cmapbell | Page ___ of ___

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Stanford Law School, Stanford, CA	Salary	$19,937.00
	UC Berkeley HAAS School Management, Berkeley, CA	Spouse's Salary	NA
	*Including valuation of employer contributions to dental and retirement benefits	NA	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page ___ of ___

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$ 500

Name Thomas J. Cmapbell | Page ___ of ___

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude**: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT *Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del... 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
SP	***General Motors Corporation	$15,001 - $50,000	Dividends	$201 - $1,000	Sold in Part
SP	***Johnson & Johnson Corporation	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	NA
SP	***ITT Hartford Group, Inc.	$15,001 - $50,000	Dividends	$201 - $1,000	NA
SP	***McDonald's Corporation	$1,001 - $15,000	Dividends	$1 - $200	NA
JT	Wells Fargo Checking Account	$1,001 - $15,000	Interest	$1 - $200	NA
JT	Wells Fargo Savings Account	$15,001 - $50,000	Interest	$201 - $1,000	S

Name Thomas J Cmapbell	Page of

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Wells Fargo Checking Account	$1,001 - $15,000	Interest	$1 - $200	NA
	Charles Scwhab	$1 - $1,000	Interest	$1 - $200	NA
SP	The Reserve Fund (Ferris BAker Watts)	$1,001 - $15,000	Dividends	$201 - $1,000	S
	Lincoln National Life	$1 - $1,000	Dividends	$1 - $200	NA
SP	***Washington Mutual Fund	$1,001 - $15,000	Dividends	$201 - $1,000	NA
SP	First Virginia Bank Account	$1,001 - $15,000	Interest	$1 - $200	NA
SP	***Wheat First Money Market	$1,001 - $15,000	Dividends	$1 - $200	P AND S
SP	Georgian Wines, L.L.C.	$15,001 - $50,000	Dividends	$1 - $200	NA
SP	***MFS Municipal Bond Fund Class A	$15,001 - $50,000	Interest	$201 - $1,000	NA
SP	***COMPAQ Computer Corp Stock	$1,001 - $15,000	Dividends	$1 - $200	NA
SP	***Franklin Rexources Stock	$15,001 - $50,000	Rent	$1 - $200	Sold in Park
SP	***LECG Inc. Stock	$1,001 - $15,000	Dividends	None	P
SP	***Pfizer Stock	$1,001 - $15,000	Dividends	$1 - $200	P
SP	***New Prospective Mutual Fund	$15,001 - $50,000	Interest	$201 - $1,000	P
SP	CBS Corp Stock	$1,001 - $15,000	Dividends	$1 - $200	P
SP	Lehman Bros. Holding	$1,001 - $15,000	Dividends	$1 - $200	P
	These securities marked ***are for Susanne M. Campbell Family Ltd. Partnership.	None	none	None	NA
SP	Martin Family Trust (most recent report attached)	$250,001 - $500,000	Remainder Interst	None	NA

Name Thomas J Cmapbell | Page of

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	CRT Money Market	$15,001 - $50,000	Interest	$201 - $1,000	P
	Pilsbury Madison & Sutro Client Account	$1,001 - $15,000	Interest	$1 - $200	P

Name Thomas J Cmapbell | Page ___ of ___

SCHEDULE IV -- TRANSACTIONS

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SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
SP	Martin Family Trust & Certain Family Ltd. Partnerhips	Exchange	Throughout the year.	$15,001 - $50,000
SP	Lehman Bros. Holdings	Sold	10/5/98	$1,001 - $15,000
SP	LECG inc. Stock	Purchase	1/1/98	$1,001 - $15,000
SP	Global Crossing Stock	Purchase	1/1/98	$1,001 - $15,000
SP	American Mortgage Stock	Purchase	1/28/98	$1,001 - $15,000
SP	CENTOCOR Stock	Purchase	2/26/98	$1,001 - $15,000
SP	Franklin Securities Stock	Sold	8/11/98	$1,001 - $15,000
SP	General Motors	Sold	9/1/98	$15,001 - $50,000
SP	MIDCOM Stock	Purchase	3/23/98	$1,001 - $15,000
SP	Raytheon	Purchase	3/23/98	$1,001 - $15,000
SP	Spedway	Purchase	3/23/98	$1,001 - $15,000
SP	CRT Money Market	Purchase	1/1/98	$15,001 - $50,000
	Pillsbury Madison & Sutro, client account recognized	Purchase	1/1/98	$1,001 - $15,000
SP	Sales of Stocks in Family Limited Partnership (Spouse has 30% interest):	Purchase	3/23/98	$1,001 - $15,000
SP	Campbell Soup Company	Sold	12/31/98	$1,001 - $15,000
SP	PFD Series D Fresenius Medical Care FMS ADR	Sold	12/31/98	$1,001 - $15,000

Name Thomas J Cmapbell | Page ___ of ___

SCHEDULE IV -- TRANSACTIONS

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SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
SP	Grace, W.R. & Company	Sold	12/31/98	$1,001 - $15,000
SP	Haliburton Company	Sold	12/31/98	$1,001 - $15,000
SP	Lehman Brothers	Sold	12/31/98	$1,001 - $15,000
SP	Rowan Companies	Sold	12/31/98	$1,001 - $15,000
SP	Schering Plough Corp	Sold	12/31/98	$1,001 - $15,000
SP	Sealed Air Corp New Pfd Conv. Ser. A	Sold	12/31/98	$1,001 - $15,000
SP	Sealed Air Corp New	Sold	12/31/98	$1,001 - $15,000
SP	Equitable Cos. Inc.	Sold	12/31/98	$1,001 - $15,000
SP	Travelers Group, Inc.	Sold	12/31/98	$1,001 - $15,000

Name Thomas J. Cmapbell	Page ___ of ___

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St. Dover, Del.	$100,001 - $250,000

Name	Page ___ of ___

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.
Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold
Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Name Thomas J. Cmapbell | Page ___ of ___

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Medical Society of Virginia	October 29-30, 1999	WDC-Roanoke, VA	N	Y	Y	1 day

Name Thomas J. Cmapbell	Page of

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Professor (on leave)	Stanford Law School

Name Thomas J. Cmapbell | Page ___ of ___

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of ebsence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
Indefinite	Stanford University and Tom Campbell	Tenured family member on leave, right to return to salaried position, employer contributions to dental and paid retirement plans continue while on leave, and ten dollars per month nominal salary.

THOMAS AND SUSANNE CAMPBELL

FEDERAL AND STATE INDIVIDUAL INCOME TAX RETURNS 1999

CLIENT COPY

CLIENT CAMPBTOM

PAUL D. HANCOCK ACCTY CORP
19400 STEVENS CREEK BLVD. #200
CUPERTINO, CA 95014
(408) 252-1130 EXT. 109

April 7, 2000

THOMAS J. and SUSANNE M. CAMPBELL
20721 HENWOOD RD.
SAN JOSE, CA 95123

Dear Tom and Susanne,

Enclosed is your 1999 Federal Individual Income Tax Return. The original should be signed at the bottom of page two. Both spouses should sign. There is a balance due of $1,862.

Make your check payable to the "United States Treasury" and mail your Federal return with Form 1040-V payment voucher on or before April 17, 2000 to:

INTERNAL REVENUE SERVICE
P.O. BOX 60000
LOS ANGELES, CA 90060-6000

Enclosed is your 1999 California Individual Income Tax Return. The original should be signed at the bottom of page two. Both spouses should sign. There is a balance due of $2,499.

Mail your California return on or before April 17, 2000 and make your check payable to:

FRANCHISE TAX BOARD
P.O. BOX 942867
SACRAMENTO, CA 94267-0001

Please be sure to call if you have any questions.

Sincerely,

PAUL D. HANCOCK

1999 **FEDERAL INCOME TAX SUMMARY** PAGE 1

THOMAS J. AND SUSANNE M. CAMPBELL 347-38-4500

	1999	1998	DIFF
INCOME			
WAGES, SALARIES, TIPS, ETC	183,001	164,708	18,293
INTEREST INCOME	3,858	2,465	1,393
DIVIDEND INCOME	940	4,490	-3,550
REFUNDS OF STATE AND LOCAL TAXES	565	0	565
CAPITAL GAIN OR LOSS	36,302	4,164	32,138
RENT, ROYALTY, PARTNERSHIP, ESTATE	0	1,525	-1,525
TOTAL INCOME	224,666	177,352	47,314
ADJUSTMENTS TO INCOME			
TOTAL ADJUSTMENTS	0	0	0
ADJUSTED GROSS INCOME	224,666	177,352	47,314
ITEMIZED DEDUCTIONS			
TAXES	16,576	16,865	-289
INTEREST	33,882	38,022	-4,140
CONTRIBUTIONS	6,560	4,240	2,320
MISCELLANEOUS (SUBJECT TO 2% OF AGI)	1,525	0	1,525
OVERALL ITEMIZED DEDUCTIONS LIMITATION	-2,942	-1,586	-1,356
TOTAL ITEMIZED DEDUCTIONS	55,601	57,541	-1,940
TAX COMPUTATION			
STANDARD DEDUCTION	7,200	7,100	100
LARGER OF ITEMIZED OR STANDARD DEDUCTION	55,601	57,541	-1,940
INCOME PRIOR TO EXEMPTION DEDUCTION	169,065	119,811	49,254
EXEMPTION DEDUCTION	3,960	5,400	-1,440
TAXABLE INCOME	165,105	114,411	50,694
TAX BEFORE CREDITS	39,788	26,588	13,200
CREDITS			
FOREIGN TAX CREDIT	40	91	-51
TOTAL CREDITS	40	91	-51
TAX AFTER CREDITS	39,748	26,497	13,251
OTHER TAXES			
TOTAL TAX	39,748	26,497	13,251
PAYMENTS			
FEDERAL INCOME TAX WITHHELD	36,692	31,744	4,948
EXCESS FICA AND RRTA TAX WITHHELD	1,194	120	1,074
TOTAL PAYMENTS	37,886	31,864	6,022
REFUND OR AMOUNT DUE			
AMOUNT OVERPAID	0	5,367	-5,367
AMOUNT REFUNDED TO YOU	0	5,367	-5,367
AMOUNT YOU OWE	1,862	0	1,862
TAX RATES			
MARGINAL TAX RATE	36.0%	31.0%	5.0%
EFFECTIVE TAX RATE	24.1%	23.2%	0.9%

1999 CALIFORNIA INCOME TAX SUMMARY PAGE 1

THOMAS J. AND SUSANNE M. CAMPBELL 347-38-4500

	1999	1998	DIFF
FEDERAL ADJUSTED GROSS INCOME			
FEDERAL ADJUSTED GROSS INCOME	224,666	177,352	47,314
CALIFORNIA SUBTRACTIONS			
TAXABLE INTEREST INCOME	6	0	6
STATE TAX REFUND	565	0	565
TOTAL SUBTRACTIONS FROM FEDERAL AGI	571	0	571
CALIFORNIA ADDITIONS			
TAXABLE INTEREST INCOME	830	1,130	-300
TOTAL ADDITIONS TO FEDERAL AGI	830	1,130	-300
ADJUSTED GROSS INCOME			
ADJUSTED GROSS INCOME	224,925	178,482	46,443
ITEMIZED DEDUCTIONS			
FEDERAL ITEMIZED DEDUCTIONS	58,543	59,127	-584
LESS STATE, LOCAL AND FOREIGN TAXES	10,415	12,374	-1,959
CALIFORNIA ITEMIZED DEDUCTIONS	48,128	46,753	1,375
CALIFORNIA STANDARD DEDUCTION	5,422	5,284	138
TAX COMPUTATION			
TAXABLE INCOME	176,797	131,729	45,068
TAX	13,058	8,953	4,105
EXEMPTION CREDITS	144	140	4
NET TAX	12,914	8,813	4,101
PAYMENTS			
CALIFORNIA INCOME TAX WITHHELD	10,415	9,378	1,037
TOTAL PAYMENTS	10,415	9,378	1,037
REFUND OR AMOUNT DUE			
AMOUNT OVERPAID	0	565	-565
AMOUNT YOU OWE	2,499	0	2,499
AMOUNT REFUNDED TO YOU	0	565	-565
TAX RATES			
MARGINAL TAX RATE	9.3%	9.3%	0.0%
EFFECTIVE TAX RATE	7.3%	6.7%	0.6%

FORM **1040-V** Department of the Treasury Internal Revenue Service (99)

Payment Voucher

▶ Do not staple or attach this voucher to your payment.

OMB No. 1545-0074

1999

1 Enter the amount you are paying by check or money order	2 Enter the first four letters of your last name	3 Enter your social security number
▶ $ 1,862	C A M P	347-38-4500

4 If a joint return, enter the SSN shown second on that return

223-86-9242

5 Enter your name(s)

THOMAS J. AND SUSANNE M. CAMPBELL

Enter your address

20721 HENWOOD RD.

Enter your city, state, and ZIP code

SAN JOSE, CA 95123

FA

Cut along the dotted line.

MAKE YOUR CHECK PAYABLE TO THE "UNITED STATES TREASURY" AND MAIL FORM 1040-V PAYMENTS WITH YOUR RETURN TO:

INTERNAL REVENUE SERVICE
P.O. BOX 60000
LOS ANGELES, CA 90060-6000

File only if you are making a payment with Form 1040. Return this voucher with check or money order payable to the "United States Treasury." Please write your social security number, daytime phone number, and "1999 Form 1040" on your check or money order. Please do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Form **W-2 Wage and Tax Statement** 1999

OMB No. 1545-0008

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

c Employer's name, address, and ZIP code

House of Rep -Members Services
HB1
The Capitol
Washington DC 20515

e Employee's name, address, and ZIP code

THOMAS J. CAMPBELL
U.S. HOUSE OF REPRESENTATIVES

WASHINGTON DC 20515

7 Social security tips	1 Wages, tips, other compensation 126700.04	2 Federal income tax withheld 27475.37
8 Allocated tips	3 Social security wages 72600.00	4 Social security tax withheld 4501.20
9 Advance EIC payment	5 Medicare wages and tips 136700.04	6 Medicare tax withheld 1982.15
10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in box 1
	13 See instrs. for box 13 D 10000.00	14 Other
b Employer identification number 53-6002522		
d Employee's social security number 347-38-4500		
15 Statutory employee: Deceased: Pension plan: X Legal rep.: Deferred comp.: X		

16 State	Employer's state I.D. no.	17 State wages, tips, etc.	18 State income tax	19 Name of locality	20 Local wages, tips, etc.	21 Local income tax
CA	80507171	126700.04	7853.91			

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

Dept. of the Treasury - IRS

a Control number

b Employee's social security number
223-86-9242

c Employer's name, address and ZIP code
UNIV OF CALIFORNIA - BERKELEY
BUSINESS SVCS.- PAYROLL #1104
BERKELEY
CA 94720-1104

d Employee's name, address and ZIP code
010811494
SUSANNE M CAMPBELL
20721 HENWOOD
SAN JOSE CA 95120

e Employer's federal I.D. number
94-6002123-G

15 Deceased ☐ Pension plan ☐ Deferred compensation ☐

16 State | 17 State wages, tips, etc. | 18 State income tax
CA | 935-0503-0 | 37,050.56 | 1,481.40

1 Wages, tips, other compensation
37,050.56

2 Federal income tax withheld
4,176.64

3 Social security wages
37,574.10

4 Social security tax withheld
2,329.59

5 Medicare wages and tips
37,574.10

6 Medicare tax withheld
544.82

9 Advance EIC payment
.00

10 Dependent care benefits
.00

11 Nonqualified plans

12 Benefits included in Box 1
.00

13 See instrs. for Box 13

14 Other
DCP-CAS .00
DCP-REG 523.54
INCLUDED IN BOX 01:
OTHR INC .00
INTEREST .00

C .00
E .00
P .00

OMB No.1545-0008

Form W-2 Wage and Tax Statement 1999

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

Department of the Treasury-Internal Revenue Service
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence or other sanction may be imposed on you if this income is taxable and you fail to report it.

OMB No. 1545-0008

1 Control number 022829	1 Wages, tips, other compensation 19,250.83	2 Federal income tax withheld 5,040.00
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	3 Social security wages 19,250.83	4 Social security tax withheld 1,193.55
	5 Medicare wages and tips 19,250.83	6 Medicare tax withheld 279.14

Department of the Treasury—Internal Revenue Service

c Employer's name, address, and ZIP code

STANFORD UNIVERSITY
CONTROLLERS OFFICE
STANFORD CA 94305-6112

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in Box 1

b Employer's identification number 94-1156365-N	d Employee's social security number 347-38-4500
13 See instrs. for Box 13 946.19 C	*14 Other

Employee's name, address, and ZIP code

THOMAS J CAMPBELL
20721 HENWOOD ROAD
SAN JOSE CA 95120

15 Statutory employee	Deceased	Pension plan	Legal rep.	Deferred compensation

W-2 Wage and Tax Statement 1999	16 State CA / Employer's state I.D. No. 910-0464-8	17 State wages, tips, etc. 19,250.83
	18 State income tax 1,080.00	19 Locality name VPDI
	20 Local wages, tips, etc.	21 Local income tax 90.00

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy

FORM **1040** Department of the Treasury – Internal Revenue Service
U.S. Individual Income Tax Return 1999

(99) IRS Use Only – Do not write or staple in this space.

For the year Jan. 1 – Dec. 31, 1999, or other tax year beginning , 1999, ending

OMB No. 1545-0074

Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type.

LABEL HERE

THOMAS J. CAMPBELL
SUSANNE M. CAMPBELL
20721 HENWOOD RD.
SAN JOSE, CA 95123

Your social security number: 347-38-4500
Spouse's social security number: 223-86-9242

▲ **IMPORTANT!** ▲ You must enter your SSN(s) above.

Presidential Election Campaign (See page 16.)

	Yes	No	
Do you want $3 to go to this fund?	X		Note: Checking "Yes" will not change your tax or reduce your refund.
If a joint return, does your spouse want $3 to go to this fund?		X	

Filing Status Check only one box.

1		Single
2	X	Married filing joint return (even if only one had income)
3		Married filing separate return. Enter spouse's soc. sec. no. above & full name here ▶
4		Head of household (with qualifying person). (See page 18.) If the qualifying person is a child but not your dependent, enter this child's name here ▶
5		Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 18.)

Exemptions

6a ☒ **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.

b ☒ **Spouse**

No. of boxes checked on 6a and 6b: 2

c **Dependents:**

(1) First Name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Chk if qualifying child for child tax credit (see page 19)

If more than six dependents, see page 19.

No. of your children on 6c who: ● lived with you ____ ● did not live with you due to divorce or separation (see page 19) ____

Dependents on 6c not entered above ____

d Total number of exemptions claimed — Add numbers entered on lines above ▶ 2

Income Attach Copy B of your Forms W-2 and W-2G here. Also attach Form 1099-R if tax was withheld.

7	Wages, salaries, tips, etc. Attach Form(s) W-2			7	183,001
8a	Taxable interest. Attach Schedule B if required			8a	3,858
b	Tax-exempt interest. DO NOT include on line 8a . . ST . . . 1	8b	1,136		
9	Ordinary dividends. Attach Schedule B if required			9	940
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 21)			10	565
11	Alimony received			11	
12	Business income or (loss). Attach Schedule C or C-EZ			12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐			13	36,302
14	Other gains or (losses). Attach Form 4797			14	
15a	Total IRA distributions 15a		b Taxable amount (see pg. 22)	15b	
16a	Total pensions and annuities 16a		b Taxable amount (see pg. 22)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			17	
18	Farm income or (loss). Attach Schedule F			18	
19	Unemployment compensation			19	
20a	Social security benefits 20a		b Taxable amount (see pg. 24)	20b	
21	Other income.			21	
22	Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶			22	224,666

If you did not get a W-2, see page 26. Enclose, but do not attach any payment. Also, please use Form 1040-V.

Adjusted Gross Income

23	IRA deduction (see page 26)	23			
24	Student loan interest deduction (see page 26)	24			
25	Medical savings account deduction. Attach Form 8853	25			
26	Moving expenses. Attach Form 3903	26			
27	One-half of self-employment tax. Attach Schedule SE	27			
28	Self-employed health insurance deduction (see page 28)	28			
29	Keogh and self-employed SEP and SIMPLE plans	29			
30	Penalty on early withdrawal of savings	30			
31a	Alimony paid. b Recipient's SSN ▶	31a			
32	Add lines 23 through 31a			32	0
33	Subtract line 32 from line 22. This is your **adjusted gross income** ▶			33	224,666

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 54.

Form 1040 (1999) THOMAS J. AND SUSANNE M. CAMPBELL 347-38-4500 Page 2

Tax and Credits	34 Amount from line 33 (adjusted gross income)			34	224,666
	35 a Check if: ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older, ☐ Blind. Add the number of boxes checked above and enter the total here ▶ 35a				
Standard Deduction for Most People: Single: $4,300; Head of household: $6,350; Married filing jointly or Qualifying widow(er): $7,200; Married filing separately: $3,600.	b If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see page 30 and check here ▶ 35b ☐				
	36 Enter your **itemized deductions** from Schedule A, line 28, **OR standard deduction** shown on the left. **But** see page 30 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent			36	55,601
	37 Subtract line 36 from line 34			37	169,065
	38 If line 34 is $94,975 or less, multiply $2,750 by the total number of exemptions claimed on line 6d. If line 34 is over $94,975, see the worksheet on page 31 for the amount to enter			38	3,960
	39 **Taxable income.** Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-			39	165,105
	40 Tax (see page 31). Check if any tax is from a ☐ Form(s) 8814 b ☐ Form 4972 ▶			40	39,788
	41 Credit for child and dependent care expenses. Att. Form 2441	41			
	42 Credit for the elderly or the disabled. Attach Schedule R	42			
	43 Child tax credit (see page 33)	43			
	44 Education credits. Attach Form 8863	44			
	45 Adoption credit. Attach Form 8839	45			
	46 Foreign tax credit. Attach Form 1116 if required	46	40		
	47 Other. Check if from a ☐ Form 3800 b ☐ Form 8396 c ☐ Form 8801 d ☐ Form (specify)	47			
	48 Add lines 41 through 47. These are your **total credits**			48	40
	49 Subtract line 48 from line 40. If line 48 is more than line 40, enter -0- ▶			49	39,748
Other Taxes	50 Self-employment tax. Att. Sch. SE			50	
	51 Alternative minimum tax. Attach Form 6251			51	
	52 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137			52	
	53 Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required			53	
	54 Advance earned income credit payments from Form(s) W-2			54	
	55 Household employment taxes. Attach Schedule H			55	
	56 Add lines 49 through 55. This is your **total tax** ▶			56	39,748
Payments	57 Federal income tax withheld from Forms W-2 and 1099	57	36,692		
	58 1999 estimated tax payments and amount applied from 1998 return	58			
	59 a **Earned income credit.** Att. Sch. EIC if you have a qualifying child. b Nontaxable earned income: amt. ▶ and type ▶ NO	59a			
	60 Additional child tax credit. Attach Form 8812	60			
	61 Amount paid with request for extension to file (see page 48)	61			
	62 Excess social security and RRTA tax withheld (see page 48)	62	1,194		
	63 Other payments. Check if from a ☐ Form 2439 b ☐ Form 4136	63			
	64 Add lines 57, 58, 59a, and 60 through 63. These are your **total payments** ▶			64	37,886
Refund	65 If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you **OVERPAID**			65	
	66a Amount of line 65 you want **REFUNDED TO YOU** ▶			66a	
Have it directly deposited! See page 48 and fill in 66b, 66c, and 66d.	b Routing number ▶ c Type: ☐ Checking ☐ Savings				
	d Account number				
	67 Amount of line 65 you want **APPLIED TO 2000 ESTIMATED TAX** ▶	67			
Amount You Owe	68 If line 56 is more than line 64, subtract line 64 from line 56. This is the **AMOUNT YOU OWE.** For details on how to pay, see page 49 ▶			68	1,862
	69 Estimated tax penalty. Also include on line 68	69			

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See page 16. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime telephone number (optional)
		PROF./CONGRESSMAN	
Spouse's signature. If a joint return, BOTH must sign.	Date	Spouse's occupation	
		UNIV ADMINISTRATOR	

Paid Preparer's Use Only

Preparer's signature ▶ PAUL D. HANCOCK	Date 4/07/00	Check if self-employed ☐	Preparer's SSN or PTIN 492-50-6760
Firm's name (or yours if self-employed) and address ▶ PAUL D. HANCOCK ACCTY CORP, 19400 STEVENS CREEK BLVD. #200, CUPERTINO, CA		EIN 94-3305003	ZIP code 95014

SCHEDULES A&B (Form 1040)

Department of the Treasury (Internal Revenue Service) (99)

Schedule A – Itemized Deductions

▶ Attach to Form 1040. ▶ See instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074

1999

Attachment Sequence No. 07

Name(s) shown on Form 1040: THOMAS J. AND SUSANNE M. CAMPBELL

Your social security number: 347-38-4500

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see page A-1)	1		
	2	Enter amount from Form 1040, line 34 2			
	3	Multiply line 2 above by 7.5% (.075)	3		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4	0
Taxes You Paid (See page A-2.)	5	State and local income taxes	5	10,415	
	6	Real estate taxes (see page A-2)	6	6,136	
	7	Personal property taxes	7		
	8	Other taxes. List type and amount ▶ KMC VENTURES PROPERTY TAX 25	8	25	
	9	Add lines 5 through 8		9	16,576
Interest You Paid (See page A-3.)	10	Home mortgage interest and points reported on Form 1098 . STM...2	10	33,882	
	11	Home mortgage interest not reported on Form 1098. If paid to the person from whom you bought the home, see page A-3 & show that person's name, ID no. & address ▶	11		
Note: Personal interest is not deductible.	12	Points not reported on Form 1098. See page A-3	12		
	13	Investment interest. Attach Form 4952, if required. (See page A-4)	13		
	14	Add lines 10 through 13		14	33,882
Gifts to Charity If you made a gift and got a benefit for it, see page A-5.	15	Gifts by cash or check. If any gift of $250 or more, see pg. A-4. ST...1	15	6,560	
	16	Other than by cash or check. If any gift of $250 or more, see page A-4. You MUST attach Form 8283 if over $500	16		
	17	Carryover from prior year	17		
	18	Add lines 15 through 17		18	6,560
Casualty and Theft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See page A-5.)		19	0
Job Expenses and Most Other Miscellaneous Deductions	20	Unreimbursed employee expenses – job travel, union dues, job education, etc. You MUST attach Form 2106 or 2106-EZ if required. (See page A-5.) ▶ LEGAL FEES 2,272; PARKING 60; STANFORD CLASS EXPENSE 41	20	2,373	
	21	Tax preparation fees	21	600	
(See page A-5 for expenses to deduct here.)	22	Other expenses – investment, safe deposit box, etc. List type and amount ▶ INVESTMENT EXP. FROM K-1 45; MAXIMUM CONGRESSIONAL EXP 3,000	22	3,045	
	23	Add lines 20 through 22	23	6,018	
	24	Enter amount from Form 1040, line 34 .... 24 224,666			
	25	Multiply line 24 above by 2% (.02)	25	4,493	
	26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-		26	1,525
Other Miscellaneous Deductions	27	Other – from list on page A-6. List type and amount ▶		27	0
Total Itemized Deductions	28	Is Form 1040, line 34, over $126,600 (over $63,300 if married filing separately)? ☐ No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 36. ☒ Yes. Your deduction may be limited. See page A-6 for the amount to enter.	REDUCTION -2,942 ▶	28	55,601

Schedules A&B (Form 1040) 1999 — OMB No. 1545-0074 — Page 2

Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side. — Your social security number

THOMAS J. AND SUSANNE M. CAMPBELL — 347-38-4500

Schedule B – Interest and Ordinary Dividends

Attachment Sequence No. 08

Note: If you had over $400 in taxable interest, you must also complete Part III.

Part I Interest

(See page B-1 and the instructions for Form 1040, line 8a.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

		Amount
1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ▶		
CHARLES SCHWAB CA. TAX EXEMPT		8
CITIBANK		45
FIRST VIRGINIA BANK		100
KATHLEEN M. COLE FAMILY L.P.		6
KATHLEEN M. COLE FAMILY L.P.		6
PILLSBURY MADISON SUTRO		45
SUSANNE M. CAMPBELL FAMILY L.P. LTD PTR	1	3,325
WELLS FARGO CHECKING		60
WELLS FARGO MONEY MARKET		263
2 Add the amounts on line 1	2	3,858
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989 from Form 8815, line 14. You MUST attach Form 8815	3	
4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶	4	3,858

Note: If you had over $400 in ordinary dividends, you must also complete Part III.

Part II Ordinary Dividends

(See page B-1 and the instructions for Form 1040, line 9.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total ordinary dividends shown on that form.

		Amount
5 List name of payer. Include only ordinary dividends. If you received any capital gain distributions, see the instructions for Form 1040, line 13. ▶		
KATHLEEN M. COLE FAMILY L.P.		680
SUZANNE M. CAMPBELL FAMILY L.P. GEN PTR		70
WHEAT FIRST		190
	5	
6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9 ▶	6	940

You must complete this part if you (a) had over $400 of interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

	Yes	No
7a At any time during 1999, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1		X
b If "Yes," enter the name of foreign country ▶		
8 During 1999, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2		X

Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule B (Form 1040) 1999

SCHEDULE D (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040. ▶ See instructions for Schedule D (Form 1040).
▶ Use Schedule D-1 for more space to list transactions for lines 1 and 8.

OMB No. 1545-0074

1999

Attachment Sequence No. 12

Name(s) shown on Form 1040: THOMAS J. AND SUSANNE M. CAMPBELL

Your social security number: 347-38-4500

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

(a) Description of property (Example, 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-5)	(e) Cost or other basis (see page D-5)	(f) GAIN or (LOSS) Subtract (e) from (d)

2 Enter your short-term totals, if any, from Schedule D-1, line 2	2	
3 Total short-term sales price amounts. Add column (d) of lines 1 and 2	3	
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	5	11,972
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 1998 Capital Loss Carryover Worksheet	6	( )
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f) ▶	7	11,972

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

(a) Description of property (Example, 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-5)	(e) Cost or other basis (see page D-5)	(f) GAIN or (LOSS) Subtract (e) from (d)	(g) 28% RATE GAIN or (LOSS) *(see instr. below)

9 Enter your long-term totals, if any, from Schedule D-1, line 9	9		
10 Total long-term sales price amounts. Add column (d) of lines 8 and 9	10		
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	11		
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12	24,330	
13 Capital gain distributions. See page D-1	13		
14 Long-term capital loss carryover. Enter in both columns (f) and (g) the amount, if any, from line 13 of your 1998 Capital Loss Carryover Worksheet	14	( )	( )
15 Combine lines 8 through 14 in column (g)	15		
16 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f) ▶	16	24,330	

Note: Go to Part III on the back.

*Note: Gain or Loss includes all "collectibles gains and losses" (as defined on page D-5) and up to 50% of the eligible gain on qualified small business stock (see page D-4).

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Part III **Summary of Parts I and II**

17	Combine lines 7 and 16. If a loss, go to line 18. If a gain, enter the gain on Form 1040, line 13	17	36,302
	Next: Complete Form 1040 through line 39. Then, go to Part IV to figure your tax if: • Both lines 16 and 17 are gains, and • Form 1040, line 39, is more than zero.		
18	If line 17 is a loss, enter here and as a (loss) on Form 1040, line 13, the smaller of these losses: • The loss on line 17; or • ($3,000) or, if married filing separately, ($1,500)	18	( )
	Next: Skip Part IV below. Instead, complete Form 1040 through line 37. Then, complete the **Capital Loss Carryover Worksheet** on page D-6 if: • The loss on line 17 exceeds the loss on line 18, or • Form 1040, line 37, is a loss.		

Part IV **Tax Computation Using Maximum Capital Gains Rates**

19	Enter your taxable income from Form 1040, line 39			19	165,105
20	Enter the smaller of line 16 or line 17 of Schedule D	20	24,330		
21	If you are filing Form 4952, enter the amount from Form 4952, line 4e	21			
22	Subtract line 21 from line 20. If zero or less, enter –0–	22	24,330		
23	Combine lines 7 and 15. If zero or less, enter –0–	23	11,972		
24	Enter the smaller of line 15 or line 23, but not less than zero	24			
25	Enter your unrecaptured section 1250 gain, if any, from line 16 of the worksheet on page D-7	25			
26	Add lines 24 and 25	26			
27	Subtract line 26 from line 22. If zero or less, enter –0–			27	24,330
28	Subtract line 27 from line 19. If zero or less, enter –0–			28	140,775
29	Enter the smaller of: • The amount on line 19, or • $25,750 if single; $43,050 if married filing jointly or qualifying widow(er); $21,525 if married filing separately; or $34,550 if head of household			29	43,050
30	Enter the smaller of line 28 or line 29	30	43,050		
31	Subtract line 22 from line 19. If zero or less, enter –0–	31	140,775		
32	Enter the larger of line 30 or line 31 ▶	32	140,775		
33	Figure the tax on the amount on line 32. Use the Tax Table or Tax Rate Schedules, whichever applies			33	34,922
	Note: If line 29 is less than line 28, go to line 38.				
34	Enter the amount from line 29	34			
35	Enter the amount from line 28	35			
36	Subtract line 35 from line 34. If zero or less, enter –0– ▶	36			
37	Multiply line 36 by 10% (.10)			37	
	Note: If line 27 is more than zero and equal to line 36, go to line 52.				
38	Enter the smaller of line 19 or line 27	38	24,330		
39	Enter the amount from line 36	39			
40	Subtract line 39 from line 38 ▶	40	24,330		
41	Multiply line 40 by 20% (.20)			41	4,866
	Note: If line 25 is zero or blank, skip lines 42 through 47 and read the note above line 48.				
42	Enter the smaller of line 22 or line 25	42			
43	Add lines 22 and 32	43			
44	Enter the amount from line 19	44			
45	Subtract line 44 from line 43. If zero or less, enter –0–	45			
46	Subtract line 45 from line 42. If zero or less, enter –0– ▶	46			
47	Multiply line 46 by 25% (.25)			47	
	Note: If line 24 is zero or blank, go to line 52.				
48	Enter the amount from line 19	48			
49	Add lines 32, 36, 40, and 48	49			
50	Subtract line 49 from line 48	50			
51	Multiply line 50 by 28% (.28)			51	
52	Add lines 33, 37, 41, 47, and 51			52	39,788
53	Figure the tax on the amount on line 19. Use the Tax Table or Tax Rate Schedules, whichever applies			53	42,792
54	**Tax on all taxable income including capital gains.** Enter the smaller of line 52 or line 53 here and on Form 1040, line 40			54	39,788

Schedule E (Form 1040) 1999 — Attachment Sequence No. 13 — Page 2

Name(s) shown on return. Do not enter name and social security number if shown on other side. — Your social security number

THOMAS J. AND SUSANNE M. CAMPBELL — 347-38-4500

Note: If you report amounts from farming or fishing on Schedule E, you must enter your gross income from those activities on line 41 below. Real estate professionals must complete line 42 below.

Part II Income or Loss From Partnerships and S Corporations

If you report a loss from an at-risk activity, you MUST check either column (e) or (f) on line 27 to describe your investment in the activity. See page E-5. If you check column (f), you must attach Form 6198.

27	(a) Name	(b) Enter P for partnership; S for S corp.	(c) Check if foreign partnership	(d) Employer identification number	Invest. At Risk? (e) All is at risk	(f) Some is not at risk
A	SEE STATEMENT 4					
B						
C						
D						
E						

	Passive Income and Loss		Nonpassive Income and Loss		
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A					
B					
C					
D					
E					
28a Totals					
b Totals					

29	Add columns (h) and (k) of line 28a	29	
30	Add columns (g), (i), and (j) of line 28b	30	( )
31	Total partnership and S corporation income or (loss). Combine lines 29 and 30. Enter the result here and include in the total on line 40 below	31	

Part III Income or Loss From Estates and Trusts

32	(a) Name	(b) Employer ID number
A		
B		
C		
D		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
C				
D				
33a Totals				
b Totals				

34	Add columns (d) and (f) of line 33a	34	
35	Add columns (c) and (e) of line 33b	35	( )
36	Total estate and trust income or (loss). Combine lines 34 and 35. Enter the result here and include in the total on line 40 below	36	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder

37	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see page E-6)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

38	Combine columns (d) and (e) only. Enter the result here and include in the total on line 40 below	38	

Part V Summary

39	Net farm rental income or (loss) from Form 4835. Also, complete line 41 below	39	
40	TOTAL income or (loss). Combine lines 26, 31, 36, 38, and 39. Enter the result here and on Form 1040, line 17 ▶	40	
41	**Reconciliation of Farming and Fishing Income:** Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), line 15b; Schedule K-1 (Form 1120S), line 23; and Schedule K-1 (Form 1041), line 14 (see page E-6)	41	
42	**Reconciliation for Real Estate Professionals.** If you were real estate professional (see pg. E-4), enter net income or (loss) you reported anywhere on Form 1040 from all rental real estate activities in which you materially participated under passive activity loss rules.	42	

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, Trust, or Nonresident Alien Individual)
▶ Attach to Form 1040, 1040NR, 1041, or 990-T.
▶ See separate instructions.

OMB No. 1545-0121

1999

Attachment Sequence No. **19**

Name: THOMAS J. AND SUSANNE M. CAMPBELL

Identifying number as shown on page 1 of your tax return: 347-38-4500

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** on page 3 of the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a ☐ Passive income
b ☐ High withholding tax interest
c ☐ Financial services income
d ☐ Shipping income
e ☐ Dividends from a DISC or former DISC
f ☐ Certain distributions from foreign sales corporation (FSC) or former FSC
g ☐ Lump-sum distributions
h ☐ Section 901(j) income
i ☐ Income re-sourced by treaty
j ☒ General limitation income

k Resident of (name of country) ▶ USA

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C		Total (Add cols. A, B, and C.)
l Enter the name of the foreign country or US possession. ▶	VARIOUS				
1 Gross income from sources within country shown above and of the type checked above. See page 7 of the instructions: DIVIDENDS 190	190			1	190
Deductions and losses (Caution: See pages 7 through 9 of the instructions.):					
2 Expenses **definitely related** to the income on line 1 (attach statement)					
3 Pro rata share of other deductions **not definitely related:**					
a Certain itemized deductions or standard deduction. See instructions	12,492				
b Other deductions (attach statement)					
c Add lines 3a and 3b	12,492				
d Gross foreign source income. See instructions	190				
e Gross income from all sources. See instructions	225,802				
f Divide line 3d by line 3e. See instructions	0.0008				
g Multiply line 3c by line 3f	10				
4 Pro rata share of interest expense. See instructions:					
a Home mortgage interest (use worksheet on page 9 of the instructions)	27				
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	37			6	37
7 Subtract line 6 from line 1. Enter the result here and on line 14, page 2 ▶				7	153

Part II Foreign Taxes Paid or Accrued (See page 9 of the instructions.)

COUNTRY	Credit is claimed for taxes (you must check one) (m) ☒ Paid (n) ☐ Accrued	(o) Date paid or accrued	Foreign taxes paid or accrued — In foreign currency: (p) Dividends	(q) Rents and royalties	(r) Interest	(s) Other foreign taxes paid or accrued	In U.S. dollars: (t) Dividends	(u) Rents and royalties	(v) Interest	(w) Other foreign taxes paid or accrued	(x) Total foreign taxes paid or accrued (add cols. (t) through (w))
A							81				81
B											
C											

8 Add lines A through C, column (x). Enter the total here and on line 9, page 2 ▶ 8 81

Part III **Figuring the Credit**

9	Enter amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	81	
10	Carryback or carryover (attach detailed computation)	10		
11	Add lines 9 and 10	11	81	
12	Reduction in foreign taxes. See page 10 of the instructions	12		
13	Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit			13 81
14	Enter amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See page 10 of the instructions	14	153	
15	Adjustments to line 14. See page 10 of the instructions	15		
16	Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21.)	16	153	
17	**Individuals:** Enter amount from Form 1040, line 37. If you are a nonresident alien, enter amount from Form 1040NR, line 36. **Estates and trusts:** Enter your taxable income without the deduction for your exemption	17	157,024	
	Caution: If you figured your tax using the special rates on capital gains, see page 12 of the instructions.			
18	Divide line 16 by line 17. If line 16 is more than line 17, enter "1"			18 0.0010
19	**Individuals:** Enter amount from Form 1040, line 40, less any amounts on Form 1040, lines 41 through 45, and any mortgage interest credit (from Form 8396) and District of Columbia first-time homebuyer credit (from Form 8859) on line 47. If you are a nonresident alien, enter amount from Form 1040NR, line 39, less any amount on Form 1040NR lines 40, 41, 42, and any mortgage interest credit (from Form 8396) and District of Columbia first-time homebuyer credit (from Form 8859) on line 44. **Estates and trusts:** Enter amount from Form 1041, Schedule G, line 1c, or Form 990-T, lines 36 and 37			19 39,788
20	Multiply line 19 by line 18 (maximum amount of credit)			20 40
21	Enter the amount from line 13 or line 20, whichever is **smaller**. If this is the only Form 1116 you are completing, skip lines 22 through 29 and enter this amount on line 30. Otherwise, complete the appropriate line in Part IV. See page 12 of the instructions ▶			21 40

Part IV **Summary of Credits From Separate Parts III** (See page 12 of the instructions.)

22	Credit for taxes on passive income	22		
23	Credit for taxes on high withholding tax interest	23		
24	Credit for taxes on financial services income	24		
25	Credit for taxes on shipping income	25		
26	Credit for taxes on dividends from a DISC or former DISC and certain distributions from a FSC or former FSC	26		
27	Credit for taxes on lump-sum distributions	27		
28	Credit for taxes on income re-sourced by treaty	28		
29	Credit for taxes on general limitation income	29		
30	Add lines 22 through 29			30 40
31	Reduction of credit for international boycott operations. See instructions for line 12 on page 10			31
32	Subtract line 31 from line 30. This is your **foreign tax credit**. Enter here and on Form 1040, line 46; Form 1040NR, line 43; Form 1041, Schedule G, line 2a; or Form 990-T, line 39a ▶			32 40

ALTERNATIVE MINIMUM TAX

Foreign Tax Credit

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

(Individual, Estate, Trust, or Nonresident Alien Individual)
▶ **Attach to Form 1040, 1040NR, 1041, or 990-T.**
▶ **See separate instructions.**

OMB No. 1545-0121

1999

Attachment Sequence No. **19**

Name: THOMAS J. AND SUSANNE M. CAMPBELL

Identifying number as shown on page 1 of your tax return: 347-38-4500

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** on page 3 of the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a ☐ Passive income
b ☐ High withholding tax interest
c ☐ Financial services income
d ☐ Shipping income
e ☐ Dividends from a DISC or former DISC
f ☐ Certain distributions from foreign sales corporation (FSC) or former FSC
g ☐ Lump-sum distributions
h ☐ Section 901(j) income
i ☐ Income re-sourced by treaty
j ☒ General limitation income

k Resident of (name of country) ▶ USA

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C		Total (Add cols. A, B, and C.)
l Enter the name of the foreign country or US possession. ▶	VARIOUS				
1 Gross income from sources within country shown above and of the type checked above. See page 7 of the instructions: DIVIDENDS 190	190			1	190
Deductions and losses (Caution: See pages 7 through 9 of the instructions.):					
2 Expenses definitely related to the income on line 1 (attach statement)					
3 Pro rata share of other deductions not definitely related:					
a Certain itemized deductions or standard deduction. See instructions	6,560				
b Other deductions (attach statement)					
c Add lines 3a and 3b	6,560				
d Gross foreign source income. See instructions	190				
e Gross income from all sources. See instructions	225,802				
f Divide line 3d by line 3e. See instructions	0.0008				
g Multiply line 3c by line 3f	5				
4 Pro rata share of interest expense. See instructions:					
a Home mortgage interest (use worksheet on page 9 of the instructions)	29				
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	34			6	34
7 Subtract line 6 from line 1. Enter the result here and on line 14, page 2 ▶				7	156

Part II Foreign Taxes Paid or Accrued (See page 9 of the instructions.)

COUNTRY	Credit is claimed for taxes (you must check one) (m) ☒ Paid (n) ☐ Accrued	Foreign taxes paid or accrued: In foreign currency: Taxes withheld at source on: (o) Date paid or accrued	(p) Dividends	(q) Rents and royalties	(r) Interest	(s) Other foreign taxes paid or accrued	In U.S. dollars: Taxes withheld at source on: (t) Dividends	(u) Rents and royalties	(v) Interest	(w) Other foreign taxes paid or accrued	(x) Total foreign taxes paid or accrued (add cols. (t) through (w))
A							81				81
B											
C											

8 Add lines A through C, column (x). Enter the total here and on line 9, page 2 ▶ 8 81

Part III **Figuring the Credit**

ALTERNATIVE MINIMUM TAX

9	Enter amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	81	
10	Carryback or carryover (attach detailed computation)	10		
11	Add lines 9 and 10	11	81	
12	Reduction in foreign taxes. See page 10 of the instructions	12		
13	Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit			13 81
14	Enter amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See page 10 of the instructions	14	156	
15	Adjustments to line 14. See page 10 of the instructions	15		
16	Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21.)	16	156	
17	**Individuals:** Enter amount from Form 1040, line 37. If you are a nonresident alien, enter amount from Form 1040NR, line 36. **Estates and trusts:** Enter your taxable income without the deduction for your exemption	17	171,618	
	Caution: If you figured your tax using the special rates on capital gains, see page 12 of the instructions.			
18	Divide line 16 by line 17. If line 16 is more than line 17, enter "1"			18 0.0009
19	**Individuals:** Enter amount from Form 1040, line 40, less any amounts on Form 1040, lines 41 through 45, and any mortgage interest credit (from Form 8396) and District of Columbia first-time homebuyer credit (from Form 8859) on line 47. If you are a nonresident alien, enter amount from Form 1040NR, line 39, less any amount on Form 1040NR lines 40, 41, 42, and any mortgage interest credit (from Form 8396) and District of Columbia first-time homebuyer credit (from Form 8859) on line 44. **Estates and trusts:** Enter amount from Form 1041, Schedule G, line 1c, or Form 990-T, lines 36 and 37			19 36,779
20	Multiply line 19 by line 18 (maximum amount of credit)			20 33
21	Enter the amount from line 13 or line 20, whichever is **smaller**. If this is the only Form 1116 you are completing, skip lines 22 through 29 and enter this amount on line 30. Otherwise, complete the appropriate line in Part IV. See page 12 of the instructions ▶			21 33

Part IV **Summary of Credits From Separate Parts III** (See page 12 of the instructions.)

22	Credit for taxes on passive income	22		
23	Credit for taxes on high withholding tax interest	23		
24	Credit for taxes on financial services income	24		
25	Credit for taxes on shipping income	25		
26	Credit for taxes on dividends from a DISC or former DISC and certain distributions from a FSC or former FSC	26		
27	Credit for taxes on lump-sum distributions	27		
28	Credit for taxes on income re-sourced by treaty	28		
29	Credit for taxes on general limitation income	29		
30	Add lines 22 through 29			30 33
31	Reduction of credit for international boycott operations. See instructions for line 12 on page 10			31
32	Subtract line 31 from line 30. This is your **foreign tax credit**. Enter here and on Form 1040, line 46; Form 1040NR, line 43; Form 1041, Schedule G, line 2a; or Form 990-T, line 39a ▶			32 33

Form **6251**

Department of the Treasury
Internal Revenue Service (99)

Alternative Minimum Tax – Individuals

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0227

1999

Attachment Sequence No. **32**

Name(s) shown on Form 1040: THOMAS J. AND SUSANNE M. CAMPBELL

Your social security number: 347-38-4500

Part I Adjustments and Preferences

1	If you itemized deductions on Schedule A (Form 1040), go to line 2. Otherwise, enter your standard deduction from Form 1040, line 36, here and go to line 6	1	
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4 or 2 1/2% of Form 1040, line 34	2	
3	Taxes. Enter the amount from Schedule A (Form 1040), line 9	3	16,576
4	Certain interest on a home mortgage not used to buy, build, or improve your home	4	
5	Miscellaneous itemized deductions. Enter the amount from Schedule A (Form 1040), line 26	5	1,525
6	Refund of taxes. Enter any tax refund from Form 1040, line 10 or line 21	6	(565)
7	Investment interest. Enter difference between regular tax and AMT deduction	7	
8	Post-1986 depreciation. Enter difference between regular tax and AMT depreciation	8	
9	Adjusted gain or loss. Enter difference between AMT and regular tax gain or loss	9	
0	Incentive stock options. Enter excess of AMT income over regular tax income	10	
1	Passive activities. Enter difference between AMT and regular tax income or loss	11	
2	Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (Form 1041), line 9	12	
3	Tax-exempt interest from private activity bonds issued after 8/7/86	13	
4	Other. Enter the amount, if any, for each item below and enter the total on line 14.		
	a Circulation expenditures / b Depletion / c Depreciation (pre-1987) / d Installment sales / e Intangible drilling costs / f Large partnerships / g Long-term contracts		
	h Loss limitations / i Mining costs / j Patron's adjustment / k Pollution control facilities / l Research & experimental / m Section 1202 exclusion / n Tax shelter farm activities / o Related adjustments	14	
15	**Total Adjustments and Preferences.** Combine lines 1 through 14 ▶	15	17,536

Part II Alternative Minimum Taxable Income

16	Enter the amount from Form 1040, line 37. If less than zero, enter as a (loss) ▶	16	169,065
17	Net operating loss deduction, if any, from Form 1040, line 21. Enter as a positive amount	17	
18	If Form 1040, line 34, is over $126,600 (over $63,300 if married filing separately), and you itemized deductions, enter the amount, if any, from line 9 of the worksheet for Schedule A (Form 1040), line 28	18	(2,942)
19	Combine lines 15 through 18 ▶	19	183,659
20	Alternative tax net operating loss deduction. See page 7 of the instructions	20	
21	**Alternative Minimum Taxable Income.** Subtract line 20 from line 19. (If married filing separately and line 21 is more than $165,000, see page 7 of the instructions.) ▶	21	183,659

Part III Exemption Amount and Alternative Minimum Tax

22 **Exemption Amount.** (If this form is for a child under age 14, see page 7 of the instructions.)

If your filing status is:	AND line 21 is not over ...	THEN enter on line 22 ...
Single or head of household	$112,500	$33,750
Married filing jointly or qualifying widow(er)	150,000	45,000
Married filing separately	75,000	22,500

If line 21 is over the amount shown above for your filing status, see page 7 of the instructions.

22		22	36,585
23	Subtract line 22 from line 21. If zero or less, enter -0- here and on lines 26 and 28 ▶	23	147,074
24	If you reported capital gain distribution directly on Form 1040, line 13, or you completed Schedule D (Form 1040) and have an amount on line 25 or line 27 (or would have had an amount on either line if you had completed Part IV) (as refigured for the AMT, if necessary), go to Part IV of Form 6251 to figure line 24. **All others:** If line 23 is $175,000 or less ($87,500 or less if married filing separately), multiply line 23 by 26% (.26). Otherwise, multiply line 23 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result	24	36,779
25	Alternative minimum tax foreign tax credit. See page 7 of the instructions	25	33
26	Tentative minimum tax. Subtract line 25 from line 24 ▶	26	36,746
27	Enter your tax from Form 1040, line 40 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 46)	27	39,748
28	**Alternative Minimum Tax.** Subtract line 27 from line 26. If zero or less, enter -0-. Enter here and on Form 1040, line 51 ▶	28	0

For Paperwork Reduction Act Notice, see page 8 of the instructions.

KFA

Part IV **Line 24 Computation Using Maximum Capital Gains Rates**

Caution: If you did not complete Part IV of Schedule D (Form 1040), see page 8 of the instructions before you complete this part.

29	Enter the amount from Form 6251, line 23			29	147,074
30	Enter the amount from Schedule D (Form 1040), line 27 (as refigured for the AMT, if necessary). See page 8 of the instructions	30	24,330		
31	Enter the amount from Schedule D (Form 1040), line 25 (as refigured for the AMT, if necessary). See page 8 of the instructions	31	0		
32	Add lines 30 and 31	32	24,330		
33	Enter the amount from Schedule D (Form 1040), line 22 (as refigured for the AMT, if necessary). See page 8 of the instructions	33	24,330		
34	Enter the smaller of line 32 or line 33			34	24,330
35	Subtract line 34 from line 29. If zero or less, enter -0- ▶			35	122,744
36	If line 35 is $175,000 or less ($87,500 or less if married filing separately), multiply line 35 by 26% (.26). Otherwise, multiply line 35 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result			36	31,913
37	Enter the amount from Schedule D (Form 1040), line 36 (as figured for the regular tax). See page 8 of the instructions	37	0		
38	Enter the smallest of line 29, line 30, or line 37 ▶	38			
39	Multiply line 38 by 10% (.10)			39	
40	Enter the smaller of line 29 or line 30	40	24,330		
41	Enter the amount from line 38	41			
42	Subtract line 41 from line 40 ▶	42	24,330		
43	Multiply line 42 by 20% (.20)			43	4,866
	Note: If line 31 is zero or blank, go to line 48.				
44	Enter the amount from line 29	44			
45	Add lines 35, 38, and 42	45			
46	Subtract line 45 from line 44	46			
47	Multiply line 46 by 25% (.25)			47	
48	Add lines 36, 39, 43, and 47			48	36,779
49	If line 29 is $175,000 or less ($87,500 or less if married filing separately), multiply line 29 by 26% (.26). Otherwise, multiply line 29 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result			49	38,239
50	Enter the smaller of line 48 or line 49 here and on line 24			50	36,779

THOMAS J. AND SUSANNE M. CAMPBELL 347-38-4500

STATEMENT 1
FORM 1040, LINE 8B
TAX-EXEMPT INTEREST

KATHLEEN M. COLE FAMILY L.P.	$	306
SUSANNE M. CAMPBELL FAMILY L.P. LTD PTR		813
SUZANNE M. CAMPBELL FAMILY L.P. GEN PTR		17
TOTAL	$	1,136

STATEMENT 2
SCHEDULE A, LINE 10
HOME MORTGAGE INTEREST REPORTED ON FORM 1098

HOMECOMINGS FINANCIAL NETWORK	$	33,882
TOTAL	$	33,882

STATEMENT 3
SCHEDULE A, LINE 15
CONTRIBUTIONS BY CASH OR CHECK

CENTER FOR CITIZENS INITIATIVES	$	5,000
CONGRESSIONAL HUNGER CENTER		250
DC BAR PUBLIC SERVICES		60
PEACELINKS		250
VOLUNTEER EXPENSES AND TRAVEL		1,000
TOTAL	$	6,560

STATEMENT 4
SCHEDULE E, PAGE 2
PART II – PARTNERSHIPS AND S CORPORATIONS

NAME	TYPE	X IF FOREIGN	EMPLOYER I.D. NO.	ALL INVEST. AT RISK	SOME INVEST. AT RISK	PTP	PASSIVE LOSS FROM FORM 8582	PASSIVE INC. FROM SCH. K-1	NONPASSIVE LOSS FROM SCH. K-1	SEC 179 DEDCTN.	NONPASSIVE INCOME FROM K-1
GEORGIAN WINES L.L.C.	P		94-3216956								
SUSANNE M. CAMPBELL FAMILY L.P. LTD PTR	P		54-1810330								
TAYLOR ST. FAMILY L.P.	P		54-1810053								
KMC VENTURES FAMILY L.P.	P		54-1825133								
KATHLEEN M. COLE FAMILY L.P.	P		54-1810051								
SUZANNE M. CAMPBELL FAMILY L.P. GEN PTR	P		54-1810330								
						TOTAL	$ 0	$ 0	$ 0	$ 0	$ 0

1999 **FEDERAL K-1 RECONCILIATION WORKSHEET** **PAGE 1**

THOMAS J. AND SUSANNE M. CAMPBELL **347-38-4500**

GEORGIAN WINES L.L.C.
94-3216956
PARTNERSHIP
PASSIVE

	K-1 Input (plus At-Risk carryovers)	Disallowed Due to At-Risk	Prior Year Unallowed Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E (page 2)					
Ordinary income (loss)					
Rental real estate income (loss)					
Other rental income (loss)					
Intangible drilling costs					
Passive interest expense					
Guaranteed payments (nonpassive)					
Section 179 expense and carryover					
Disallowed section 179 expense					
Net income (loss)					
First passive other					
Second passive other					
Cost depletion					
Percentage depletion					
Depletion carryover					
Disallowed due to 65% limitation					
Unreimbursed expenses (nonpassive)					
Nonpassive other					
Total Schedule E (page 2)					
FORM 4797					
Section 1231 gain (loss)					
Section 179 recapture on disposition					
SCHEDULE D					
Short-term capital gain (loss)					
Long-term capital gain (loss)					
FORM 4952					
Investment interest expense					
Other net investment income					
SCHEDULE A					
Charitable contributions					
Deductions related to portfolio income					
SCHEDULE B					
Interest income (banks, S&L, C/U, etc.)					
Interest income (U.S. bonds, T-bills, etc.)					
Ordinary dividends					
Tax-exempt interest (total muni- bonds)					
Tax-exempt interest (in-state bonds)					
FORM 6251					
Depreciation adjustment after 12/31/86					
Adjusted gain or loss					
Depreciation (pre-1987)					
Beneficiary's AMT adjustment					
Depletion					
Excess intangible drilling costs					
MISCELLANEOUS					
Net earnings from self employment (SE)					
Gross farming income (Sch. E, page 2)					
Royalties (Sch. E, page 1)					
Taxes on undistributed capital gains (1040)					
Credit for income tax withheld					
Estimated taxes credited from trust					
Credits					

* Carries to AMT at-risk/passive worksheets to compute Form 6251, line 11 or 14h.

1999 **FEDERAL K-1 RECONCILIATION WORKSHEET** PAGE 2

THOMAS J. AND SUSANNE M. CAMPBELL 347-38-4500

SUSANNE M. CAMPBELL FAMILY L.P. LTD PTR
54-1810330

PARTNERSHIP NONPASSIVE	K-1 Input (plus At-Risk carryovers)	Disallowed Due to At-Risk	Prior Year Unallowed Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E (page 2)					
Ordinary income (loss)					
Rental real estate income (loss)					
Other rental income (loss)					
Intangible drilling costs					
Passive interest expense					
Guaranteed payments (nonpassive)					
Section 179 expense and carryover					
Disallowed section 179 expense					
Net income (loss)					
First passive other					
Second passive other					
Cost depletion					
Percentage depletion					
Depletion carryover					
Disallowed due to 65% limitation					
Unreimbursed expenses (nonpassive)					
Nonpassive other					
Total Schedule E (page 2)					
FORM 4797					
Section 1231 gain (loss)					
Section 179 recapture on disposition					
SCHEDULE D					
Short-term capital gain (loss)	4,591				4,591
Long-term capital gain (loss)	23,115	-			23,115
FORM 4952		-			
Investment interest expense					
Other net investment income					
SCHEDULE A					
Charitable contributions					
Deductions related to portfolio income					
SCHEDULE B					
Interest income (banks, S&L, C/U, etc.)	3,325				3,325
Interest income (U.S. bonds, T-bills, etc.)					
Ordinary dividends					
Tax-exempt interest (total muni- bonds)	813				813
Tax-exempt interest (in-state bonds)					
FORM 6251					
Depreciation adjustment after 12/31/86					
Adjusted gain or loss					
Depreciation (pre-1987)					
Beneficiary's AMT adjustment					
Depletion					
Excess intangible drilling costs					
MISCELLANEOUS					
Net earnings from self employment (SE)					
Gross farming income (Sch. E, page 2)					
Royalties (Sch. E, page 1)					
Taxes on undistributed capital gains (1040)					
Credit for income tax withheld					
Estimated taxes credited from trust		-			
Credits					

* Carries to AMT at-risk/passive worksheets to compute Form 6251, line 11 or 14h.

1999	FEDERAL K-1 RECONCILIATION WORKSHEET	PAGE 3
	THOMAS J. AND SUSANNE M. CAMPBELL	347-38-4500

TAYLOR ST. FAMILY L.P.
54-1810053

PARTNERSHIP NONPASSIVE	K-1 Input (plus At-Risk carryovers)	Disallowed Due to At-Risk	Prior Year Unallowed Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E (page 2)					
Ordinary income (loss)					
Rental real estate income (loss)					
Other rental income (loss)					
Intangible drilling costs					
Passive interest expense					
Guaranteed payments (nonpassive)					
Section 179 expense and carryover					
Disallowed section 179 expense					
Net income (loss)					
First passive other					
Second passive other					
Cost depletion					
Percentage depletion					
Depletion carryover					
Disallowed due to 65% limitation					
Unreimbursed expenses (nonpassive)					
Nonpassive other					
Total Schedule E (page 2)					
FORM 4797					
Section 1231 gain (loss)					
Section 179 recapture on disposition					
SCHEDULE D					
Short-term capital gain (loss)					
Long-term capital gain (loss)					
FORM 4952					
Investment interest expense					
Other net investment income					
SCHEDULE A					
Charitable contributions					
Deductions related to portfolio income					
SCHEDULE B					
Interest income (banks, S&L, C/U, etc.)					
Interest income (U.S. bonds, T-bills, etc.)					
Ordinary dividends					
Tax-exempt interest (total muni- bonds)					
Tax-exempt interest (in-state bonds)					
FORM 6251					
Depreciation adjustment after 12/31/86					
Adjusted gain or loss					
Depreciation (pre-1987)					
Beneficiary's AMT adjustment					
Depletion					
Excess intangible drilling costs					
MISCELLANEOUS					
Net earnings from self employment (SE)					
Gross farming income (Sch. E, page 2)					
Royalties (Sch. E, page 1)					
Taxes on undistributed capital gains (1040)					
Credit for income tax withheld					
Estimated taxes credited from trust					
Credits					

* Carries to AMT at-risk/passive worksheets to compute Form 6251, line 11 or 14h.

1999	FEDERAL K-1 RECONCILIATION WORKSHEET	PAGE 4
	THOMAS J. AND SUSANNE M. CAMPBELL	347-38-4500

KMC VENTURES FAMILY L.P.
54-1825133

PARTNERSHIP NONPASSIVE	K-1 Input (plus At-Risk carryovers)	Disallowed Due to At-Risk	Prior Year Unallowed Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E (page 2)					
Ordinary income (loss)					
Rental real estate income (loss)					
Other rental income (loss)					
Intangible drilling costs					
Passive interest expense					
Guaranteed payments (nonpassive)					
Section 179 expense and carryover					
Disallowed section 179 expense					
Net income (loss)					
First passive other					
Second passive other					
Cost depletion					
Percentage depletion					
Depletion carryover					
Disallowed due to 65% limitation					
Unreimbursed expenses (nonpassive)					
Nonpassive other					
Total Schedule E (page 2)					
FORM 4797					
Section 1231 gain (loss)					
Section 179 recapture on disposition					
SCHEDULE D					
Short-term capital gain (loss)					
Long-term capital gain (loss)					
FORM 4952					
Investment interest expense					
Other net investment income					
SCHEDULE A					
Charitable contributions					
Deductions related to portfolio income					
SCHEDULE B					
Interest income (banks, S&L, C/U, etc.)					
Interest income (U.S. bonds, T-bills, etc.)					
Ordinary dividends					
Tax-exempt interest (total muni- bonds)					
Tax-exempt interest (in-state bonds)					
FORM 6251					
Depreciation adjustment after 12/31/86					
Adjusted gain or loss					
Depreciation (pre-1987)					
Beneficiary's AMT adjustment					
Depletion					
Excess intangible drilling costs					
MISCELLANEOUS					
Net earnings from self employment (SE)					
Gross farming income (Sch. E, page 2)					
Royalties (Sch. E, page 1)					
Taxes on undistributed capital gains (1040)					
Credit for income tax withheld					
Estimated taxes credited from trust					
Credits					

* Carries to AMT at-risk/passive worksheets to compute Form 6251, line 11 or 14h.

1999 **FEDERAL K-1 RECONCILIATION WORKSHEET** PAGE 5

THOMAS J. AND SUSANNE M. CAMPBELL 347-38-4500

KATHLEEN M. COLE FAMILY L.P.
54-1810051

PARTNERSHIP NONPASSIVE	K-1 input (plus At-Risk carryovers)	Disallowed Due to At-Risk	Prior Year Unallowed Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E (page 2)					
Ordinary income (loss)					
Rental real estate income (loss)					
Other rental income (loss)					
Intangible drilling costs					
Passive interest expense					
Guaranteed payments (nonpassive)					
Section 179 expense and carryover					
Disallowed section 179 expense					
Net income (loss)					
First passive other					
Second passive other					
Cost depletion					
Percentage depletion					
Depletion carryover					
Disallowed due to 65% limitation					
Unreimbursed expenses (nonpassive)					
Nonpassive other					
Total Schedule E (page 2)					
FORM 4797					
Section 1231 gain (loss)					
Section 179 recapture on disposition					
SCHEDULE D					
Short-term capital gain (loss)	7,286				7,286
Long-term capital gain (loss)	734				734
FORM 4952					
Investment interest expense					
Other net investment income					
SCHEDULE A					
Charitable contributions					
Deductions related to portfolio income	45				45
SCHEDULE B					
Interest income (banks, S&L, C/U, etc.)	6				6
Interest income (U.S. bonds, T-bills, etc.)	6				6
Ordinary dividends	680				680
Tax-exempt interest (total muni- bonds)	306				306
Tax-exempt interest (in-state bonds)	306				306
FORM 6251					
Depreciation adjustment after 12/31/86					
Adjusted gain or loss					
Depreciation (pre-1987)					
Beneficiary's AMT adjustment					
Depletion					
Excess intangible drilling costs					
MISCELLANEOUS					
Net earnings from self employment (SE)					
Gross farming income (Sch. E, page 2)					
Royalties (Sch. E, page 1)					
Taxes on undistributed capital gains (1040)					
Credit for income tax withheld					
Estimated taxes credited from trust					
Credits					

* Carries to AMT at-risk/passive worksheets to compute Form 6251, line 11 or 14h.

1999 **FEDERAL K-1 RECONCILIATION WORKSHEET** PAGE 6

THOMAS J. AND SUSANNE M. CAMPBELL 347-38-4500

SUZANNE M. CAMPBELL FAMILY L.P. GEN PTR
54-1810330
PARTNERSHIP
PASSIVE

	K-1 Input (plus At-Risk carryovers)	Disallowed Due to At-Risk	Prior Year Unallowed Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E (page 2)					
Ordinary income (loss)					
Rental real estate income (loss)					
Other rental income (loss)					
Intangible drilling costs					
Passive interest expense					
Guaranteed payments (nonpassive)					
Section 179 expense and carryover					
Disallowed section 179 expense					
Net income (loss)					
First passive other					
Second passive other					
Cost depletion					
Percentage depletion					
Depletion carryover					
Disallowed due to 65% limitation					
Unreimbursed expenses (nonpassive)					
Nonpassive other					
Total Schedule E (page 2)					
FORM 4797					
Section 1231 gain (loss)					
Section 179 recapture on disposition					
SCHEDULE D					
Short-term capital gain (loss)	95				95
Long-term capital gain (loss)	481	-			481
FORM 4952		-			
Investment interest expense					
Other net investment income					
SCHEDULE A					
Charitable contributions					
Deductions related to portfolio income					
SCHEDULE B					
Interest income (banks, S&L, C/U, etc.)					
Interest income (U.S. bonds, T-bills, etc.)					
Ordinary dividends	70				70
Tax-exempt interest (total muni- bonds)	17				17
Tax-exempt interest (in-state bonds)					
FORM 6251					
Depreciation adjustment after 12/31/86					
Adjusted gain or loss					
Depreciation (pre-1987)					
Beneficiary's AMT adjustment					
Depletion					
Excess intangible drilling costs					
MISCELLANEOUS					
Net earnings from self employment (SE)					
Gross farming income (Sch. E, page 2)					
Royalties (Sch. E, page 1)					
Taxes on undistributed capital gains (1040)					
Credit for income tax withheld					
Estimated taxes credited from trust					
Credits					

* Carries to AMT at-risk/passive worksheets to compute Form 6251, line 11 or 14h.

1999 FEDERAL K-1 RECONCILIATION WORKSHEET - SUMMARY PAGE 7

THOMAS J. AND SUSANNE M. CAMPBELL 347-38-4500

	K-1 Input (plus At-Risk carryovers)	Disallowed Due to At-Risk	Prior Year Unallowed Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E (page 2)					
Ordinary income (loss)					
Rental real estate income (loss)					
Other rental income (loss)					
Intangible drilling costs					
Passive interest expense					
Guaranteed payments (nonpassive)					
Section 179 expense and carryover					
Disallowed section 179 expense					
Net income (loss)					
First passive other					
Second passive other					
Cost depletion					
Percentage depletion					
Depletion carryover					
Disallowed due to 65% limitation					
Unreimbursed expenses (nonpassive)					
Nonpassive other					
Total Schedule E (page 2)					
FORM 4797					
Section 1231 gain (loss)					
Section 179 recapture on disposition					
SCHEDULE D					
Short-term capital gain (loss)					11,972
Long-term capital gain (loss)					24,330
FORM 4952					
Investment interest expense					
Other net investment income					
SCHEDULE A					
Charitable contributions					
Deductions related to portfolio income					45
SCHEDULE B					
Interest income (banks, S&L, C/U, etc.)					3,331
Interest income (U.S. bonds, T-bills, etc.)					6
Ordinary dividends					750
Tax-exempt interest (total muni- bonds)					1,136
Tax-exempt interest (in-state bonds)					306
FORM 6251					
Depreciation adjustment after 12/31/86					
Adjusted gain or loss					
Depreciation (pre-1987)					
Beneficiary's AMT adjustment					
Depletion					
Excess intangible drilling costs					
MISCELLANEOUS					
Net earnings from self employment (SE)					
Gross farming income (Sch. E, page 2)					
Royalties (Sch. E, page 1)					
Taxes on undistributed capital gains (1040)					
Credit for income tax withheld					
Estimated taxes credited from trust					
Credits					

* Carries to AMT at-risk/passive worksheets to compute Form 6251, line 11 or 14h.

1999 **FEDERAL WORKSHEETS** PAGE 1

THOMAS J. AND SUSANNE M. CAMPBELL 347-38-4500

WAGE SCHEDULE

TAXPAYER - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI-CARE	STATE W/H	SDI
STANFORD UNIVERSITY	19,251	5,040	1,194	279	1,080	
U.S. HOUSE OF REPRESENTATI	126,700	27,475	4,501	1,982	7,854	
TOTAL	145,951	32,515	5,695	2,261	8,934	0

SPOUSE - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI-CARE	STATE W/H	SDI
UNIV OF CALIFORNIA BER	37,050	4,177	2,330	545	1,481	
TOTAL	37,050	4,177	2,330	545	1,481	0
GRAND TOTAL	183,001	36,692	8,025	2,806	10,415	0

DEDUCTION FOR EXEMPTIONS WORKSHEET (FORM 1040, LINE 38)

1. $2,750 PER EXEMPTION ON FORM 1040, LINE 6D		5,500
2. ENTER AMOUNT FROM FORM 1040, LINE 34	224,666	
3. THRESHOLD FOR YOUR FILING STATUS	189,950	
4. SUBTRACT LINE 3 FROM LINE 2	34,716	
NOTE: IF LINE 4 IS MORE THAN $122,500 ($61,250 IF MARRIED FILING SEPARATELY), STOP HERE; YOU MAY NOT TAKE A DEDUCTION FOR EXEMPTIONS.		
5. DIVIDE LINE 4 BY $2,500 ($1,250 IF MFS)	14	
6. MULTIPLY LINE 5 BY 2% (.02)	0.28	
7. MULTIPLY LINE 1 BY LINE 6		1,540
8. DEDUCTION FOR EXEMPTIONS (SUBTRACT LINE 7 FROM LINE 1)		3,960

STATE AND LOCAL INCOME TAXES (SCHEDULE A, LINE 5)

STATE INCOME TAX WITHHELD	10,415
STATE DISABILITY/UNEMPLOYMENT INSURANCE	0
STATE ESTIMATED TAX PAYMENTS	0
LOCAL INCOME TAX WITHHELD	0
LOCAL ESTIMATED TAX PAYMENTS	0
CREDIT FOR PRIOR YEAR OVERPAYMENT	0
CREDIT FOR STATE INCOME TAX WITHHELD (K-1)	0
1/99 PAYMENT ON 1998 STATE ESTIMATE	0
PAID WITH 1998 STATE EXTENSION	0
PAID WITH 1998 STATE RETURN	0
PAID FOR PRIOR YEARS AND/OR TO OTHER STATES	0
TOTAL STATE AND LOCAL INCOME TAXES	10,415

1999 **FEDERAL WORKSHEETS** PAGE 2

THOMAS J. AND SUSANNE M. CAMPBELL 347-38-4500

ITEMIZED DEDUCTIONS WORKSHEET (SCHEDULE A, LINE 28)

1. ADD AMOUNTS ON SCHEDULE A, LINES 4, 9, 14, 18, 19, 26, AND 27		58,543
2. ADD AMOUNTS ON SCHEDULE A, LINES 4, 13, & 19, PLUS ANY GAMBLING LOSSES AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 27		0
3. SUBTRACT LINE 2 FROM LINE 1		58,543
4. MULTIPLY LINE 3 ABOVE BY 80% (.80)	46,834	
5. ENTER AMOUNT FROM FORM 1040, LINE 34	224,666	
6. ENTER $126,600 ($63,300 IF MFS)	126,600	
7. SUBTRACT LINE 6 FROM LINE 5	98,066	
8. MULTIPLY LINE 7 ABOVE BY 3% (.03)	2,942	
9. ENTER THE SMALLER OF LINE 4 OR LINE 8		2,942
10. TOTAL ITEMIZED DEDUCTIONS (SUBTRACT LINE 9 FROM LINE 1)		55,601

FORM 1116, LINE 17
TAXABLE INCOME LIMITATION

1. ENTER AMOUNT FROM FORM 1040, LINE 37	169,065
2. ENTER AMOUNT FROM SCHEDULE D, LINE 46	0
3. MULTIPLY LINE 2 BY .3687	0
4. ENTER AMOUNT FROM SCHEDULE D, LINE 50	0
5. MULTIPLY LINE 4 BY .2929	0
6. ENTER AMOUNT FROM SCHEDULE D, LINE 36	0
7. MULTIPLY LINE 6 BY .7475	0
8. ENTER AMOUNT FROM SCHEDULE D, LINE 40	24,330
9. MULTIPLY LINE 8 BY .4949	12,041
10. ADD LINES 3, 5, 7 AND 9	12,041
11. SUBTRACT LINE 10 FROM LINE 1	157,024

1999	FEDERAL WORKSHEETS	PAGE 3
	THOMAS J. AND SUSANNE M. CAMPBELL	347-38-4500

FORM 1116, LINE 17
TAXABLE INCOME LIMITATION (AMT)

1.	ENTER THE AMOUNT FROM LINE 23 FROM FORM 6251	147,074
2.	SUBTRACT LINE 27 OF SCHEDULE D AS RECALCULATED FOR AMT PURPOSES FROM LINE 1	122,744
3.	ENTER THE SMALLER OF: THE AMOUNT ON LINE 1 OR 25,750 IF SINGLE, 43,050 IF MFJ OR QUAL. WIDOW(ER) 21,525 IF MFS OR 34,550 IF HEAD OF HOUSEHOLD	43,050
4.	ENTER THE SMALLER OF LINE 2 OR 3	43,050
5.	SUBTRACT THE AMOUNT FROM LINE 22 OF SCHEDULE D RECALCULATED FOR AMT PURPOSES FROM LINE 1	122,744
6.	ENTER THE LARGER OF LINE 4 OR LINE 5	122,744
7.	ENTER THE AMOUNT FROM LINE 3	43,050
8.	ENTER THE AMOUNT FROM LINE 2	122,744
9.	SUBTRACT LINE 8 FROM LINE 7. IF ZERO OR LESS, ENTER 0	0
10.	ENTER THE SMALLER OF LINE 1 OR LINE 27 OF SCHEDULE D AS RECALCULATED FOR AMT PURPOSES	24,330
11.	ENTER THE AMOUNT FROM LINE 9	0
12.	SUBTRACT LINE 11 FROM LINE 10	24,330
13.	ENTER THE SMALLER OF LINE 22 OF SCHEDULE D AS RECALCULATED FOR AMT PURPOSES OR LINE 25 OF SCHEDULE D AS RECALCULATED FOR AMT PURPOSES	0
14.	ADD LINES 22 OF SCHEDULE D AS RECALCULATED FOR AMT PURPOSES AND LINE 6.	147,074
15.	ENTER THE AMOUNT FROM LINE 1	147,074
16.	SUBTRACT LINE 15 FROM LINE 14	0
17.	SUBTRACT LINE 16 FROM LINE 13	0
18.	ENTER THE AMOUNT FROM LINE 1	147,074
19.	ADD LINES 6, 9, 12 AND 17	147,074
20.	SUBTRACT LINE 19 FROM LINE 18	0
21.	ENTER AMOUNT FROM FORM 6251, LINE 21	183,659
22.	ENTER THE AMOUNT FROM LINE 17	0
23.	MULTIPLY LINE 22 BY .3687	0
24.	ENTER THE AMOUNT FROM LINE 20	0
25.	MULTIPLY LINE 24 BY .2929	0
26.	ENTER THE AMOUNT FROM LINE 9	0
27.	MULTIPLY LINE 26 BY .7475	0
28.	ENTER THE AMOUNT FROM LINE 12	24,330
29.	MULTIPLY LINE 28 BY .4949	12,041
30.	ADD LINES 23, 25, 27 AND 29	12,041
31.	SUBTRACT LINE 30 FROM LINE 21. ENTER HERE AND ON FORM 1116-AMT, LINE 17	171,618

FEDERAL WORKSHEETS

THOMAS J. AND SUSANNE M. CAMPBELL 347-38-4500

PTION WORKSHEET (FORM 6251, LINE 22)

ENTER $33,750 ($45,000 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER), $22,500 IF MARRIED FILING SEPARATELY.)		45,000
ENTER YOUR ALTERNATIVE MINIMUM TAXABLE INCOME (AMTI) FROM FORM 6251, LINE 21.	183,659	
ENTER $112,500 ($150,000 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER), $75,000 IF MARRIED FILING SEPARATELY.)	150,000	
SUBTRACT LINE 3 FROM LINE 2.	33,659	
MULTIPLY LINE 4 BY 25% (.25).		8,415
SUBTRACT LINE 5 FROM LINE 1. IF THIS FORM IS FOR A CHILD UNDER AGE 14, GO TO LINE 7. OTHERWISE ENTER THIS AMOUNT ON FORM 6251, LINE 22 AND GO TO FORM 6251, LINE 23.		36,585
CHILD'S MINIMUM EXEMPTION AMOUNT.		0
ENTER THE CHILD'S EARNED INCOME, IF ANY.		0
ADD LINES 7 AND 8.		0
ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON FORM 6251, LINE 22.		0

California Resident Income Tax Return 1999

[redacted]

540

APE

FEDERAL RETURN ATTACHMENT REQUIRED: ☒ YES ☐ NO

P

DO NOT ATTACH LABEL

347-38-4500 CAMP 223-86-9242 99

Step 1

Name and Address

THOMAS J CAMPBELL
SUSANNE M CAMPBELL
20721 HENWOOD RD
SAN JOSE CA 95123

AC
A
R
RP

FOR COMPUTERIZED USE ONLY

01	2	30	0	49	0	APE	0
06	0	31	0	50	0	3800	0
09	0	35	0	51	0	3803	0
11	0	36	0	52	0	SCHG1	0
12	183001	37	12914	53	0	5870A	0
14	571	38	10415	54	0	5805 5805F	0
16	830	39	0	55	0		943305003
17	224925	41	0	56	0		
18	48128	43	0	57	0		
20	13058	44	0	58	0		
21	144	45	0	59	0		
23	0	46	2499	60	0		
28	0	47	0	61	0		
29	0	48	0	62	2499		
				64	0		

Step 2 Filing Status — Chk only one

1 ☐ Single
2 ☒ Married filing joint return (even if only one spouse had income)
3 ☐ Married filing separate return. Enter spouse's social security no. above & full name here
4 ☐ Head of household (with qualifying person). STOP. See instructions.
5 ☐ Qualifying widow(er) with dependent child. Enter year spouse died 19

Step 3 Exemptions — Attach check or money order here.

6 If someone can claim you (or your spouse, if married) as a dependent on their tax return, check the box here ..... ● 6 ☐
7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions ..... 7 [2] X $72 = $ 144
8 **Blind:** If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2 ..... 8 [ ] X $72 = $
9 **Senior:** If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2 ..... ● 9 [ ] X $72 = $
10 Add line 7 thru line 9. This is your total exemption credit before dependent exemption credit. 10 Total $ 144
11 **Dependents:** Enter name and relationship. Do not include yourself or your spouse.
Total dependent exemption credit 11 [ ] X $227 = $

Step 4 Taxable Income — Attach copy of your Form(s) W-2, W-2G, & other Forms 1099 with CA tax withheld.

12 State wages from your Form(s) W-2, box 17 ..... ● 12 183,001
13 Enter adjusted gross income from your 1999 federal return. 13 224,666
14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 33, col B ... ● 14 571
15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 224,095
16 California adjustments – additions. Enter the amount from Schedule CA (540), line 33, column C .. ● 16 830
17 California adjusted gross income. Combine line 15 and line 16 ..... ● 17 224,925
18 Enter your CA **standard deduction** OR your CA **itemized deductions** ..... ● 18 48,128
19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter –0– 19 176,797

Step 5 Tax

20 Tax. Check if from ☐ Tax Table ☒ Tax Rate Schedule ☐ FTB 3800 or ☐ FTB 3803 .... ◉ 20 13,058
21 Exemption credits. If line 13 is over $119,813, see inst. Otherwise, line 10 plus line 11 ..... 21 144
22 Subtract line 21 from line 20. If less than zero, enter –0–. 22 12,914
23 Tax. Check if from ☐ Schedule G-1 and ☐ form FTB 5870A. ..... ◉ 23
24 Add line 22 and line 23. Continue to Side 2. ..... 24 12,914

For Privacy Act Notice, get form FTB 1131. 54099106059 Form 540 C1 1999 Side 1

THOMAS J. AND SUSANNE M. CAMPBELL 347-38-4500

Step 6 Special Credits and Non-refundable Renter's Credit

25	Amount from Side 1, line 24	12,914
28	Credit name _____ code no ____ ▶ 28	
29	Credit name _____ code no ____ ▶ 29	
30	To claim more than two credits, see instructions ● 30	
31	Nonrefundable renter's credit. See instructions for "Step 6" ● 31	
33	Add line 28 through line 31. These are your total credits	
34	Subtract line 33 from line 25. If less than zero, enter -0-	12,914

Step 7 Other Taxes

35	Alternative minimum tax. Attach Schedule P (540) ● 35	0
36	Other taxes and credit recapture. See instructions ● 36	
37	Add line 34 through line 36. This is your total tax ● 37	12,914

Step 8 Payments

38	California income tax withheld. Enter total from your 1999 Form(s) W-2, W-2G, 1099-MISC, and 1099-R. Also, attach the form(s) to Side 1 ■ 38	10,415
39	1999 California estimated tax and amount applied from your 1998 return. Include the amount from form FTB 3519 or Schedule K-1 (541) ■ 39	
41	Excess SDI. See instructions ■ 41	
42	Add line 38 through line 41. These are your total payments	10,415

Step 9 Overpaid Tax or Tax Due

43	Overpaid tax. If line 42 is more than line 37, subtract line 37 from line 42	
44	Amount of line 43 you want applied to your 2000 estimated tax ■ 44	
45	Overpaid tax available this year. Subtract line 44 from line 43 ■ 45	
46	Tax due. If line 42 is less than line 37, subtract line 42 from line 37	2,499

Step 10 Contributions

47	Contribution to California Seniors Special Fund. See instructions ● 47	
48	Alzheimer's Disease/Related Disorders Fund ● 48	.00
49	California Fund for Senior Citizens ● 49	.00
50	Rare and Endangered Species Preservation Program ● 50	.00
51	State Children's Trust Fund for the Prevention of Child Abuse ● 51	.00
52	California Breast Cancer Research Fund ● 52	.00
53	California Firefighters' Memorial Fund ● 53	.00
54	California Public School Library Protection Fund ● 54	.00
55	O.A.R.E. California (Drug Abuse Resistance Education) Fund ● 55	.00
56	California Mexican American Veterans' Memorial ● 56	.00
57	Emergency Food Assistance Program Fund ● 57	.00
58	California Peace Officer Memorial Foundation Fund ● 58	.00
59	Birth Defects Research Fund ● 59	.00
60	Add line 47 through line 59. These are your total contributions ● 60	0

Step 11 Refund or Amount You Owe

61	**REFUND OR NO AMOUNT DUE.** Subtract line 60 from line 45. Sign your return below and mail to: **IMAGE PROCESSING, FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009** ■ 61	0
62	**AMOUNT YOU OWE.** Add line 46 and line 60. Make a check/money order payable to "Franchise Tax Board" for the full amount. Write your social security number and "1999 Form 540" on it. Attach it to the front of your Form 540. Sign your return below and mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ■ 62	2,499

Step 12 Interest and Penalties

63	Interest, late return penalties, and late payment penalties	
64	Underpayment of estimated tax. Check the box: ☐ FTB 5805 attached ☐ FTB 5805F attached ■ 64	
65	● 65 4	

Step 13 Direct Deposit Information

Routing number _____ ▶ _____

Account Type: Checking ☐ Savings ☐ Account number _____ ▶ _____

Sign Here

It is unlawful to forge a spouse's signature.

Joint return? See instructions.

IMPORTANT: See "Sign Your Return" in the Form 540 instructions to find out if you should attach a copy of your complete federal return.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. 4

Your signature X | Spouse's signature (if filing joint, both must sign) X | Date | Daytime phone number

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) PAUL D. HANCOCK 4/07/00 | Paid preparer's SSN/FEIN/PTIN 492-50-6760

Firm's name (or yours if self-employed) PAUL D. HANCOCK ACCTY CORP | Firm's address 19400 STEVENS CREEK BLVD. #200 CUPERTINO, CA 95014 | 94-3305003

TAXABLE YEAR 1999

California Adjustments – Residents

SCHEDULE CA (540)

Important: Attach this schedule directly behind Form 540, Side 2.

Name(s) as shown on return: THOMAS J. AND SUSANNE M. CAMPBELL

Social security number: 347-38-4500

Part I Income Adjustment Schedule

Section A – Income		A Federal Amounts (taxable amounts from your federal return)	B Subtractions See instructions.	C Additions See instructions.
7 Wages, salaries, tips, etc. See instr. before making an entry in col B or C	7	183,001		
8 Taxable interest income	8	3,858	6	830
9 Ordinary dividends	9	940		
10 State tax refund. Enter the same amount in column A and column B	10	565	565	
11 Alimony received	11			
12 Business income or (loss)	12			
13 Capital gain or (loss)	13	36,302		
14 Other gains or (losses)	14			
15 Total IRA distributions. See instructions. (a) (b)				
16 Total pensions and annuities. See instructions. (a) (b)				
17 Rental real estate, royalties, pships, S corp, trusts, etc	17			
18 Farm income or (loss)	18			
19 Unemployment compensation. Enter the same amount in col A & col B	19			
20 Social security benefits (a) (b)				
21 Other income. a California lottery winnings; b Disaster loss carryover from FTB 3805V; c Federal NOL (Form 1040, line 21); d NOL carryover from FTB 3805V; e NOL from FTB 3805Z, 3806, or 3807; f Other (describe)	21		a b c d e f	a b c d e f
22 **Total.** Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B	22	224,666	571	830
Section B – Adjustments to Income				
23 IRA deduction	23			
24 Student loan interest deduction	24	–		
25 Medical savings account deduction	25	–		
26 Moving expenses	26			
27 One-half of self-employment tax	27			
28 Self-employed health insurance deduction	28			
29 Keogh and self-employed SEP and SIMPLE plans	29			
30 Penalty on early withdrawal of savings	30			
31 Alimony paid. (b) Recipient's: SSN Last name	31a			
32 Add line 23 through line 31a in columns A, B, and C	32			
33 **Total.** Subtract line 32 from line 22 in columns A, B, and C. See the instr for how to transfer the total to Form 540	33	224,666	571	830

Part II Adjustments To Federal Itemized Deductions

35 Federal itemized deductions. Add the amounts on federal Sch. A (Form 1040), lines 4, 9, 14, 18, 19, 26, and 27	35	58,543
36 Enter total of federal Sch. A, line 5 (state and local income tax and State Disability Insurance) and line 8 (foreign taxes only)	36	10,415
37 Subtract line 36 from line 35	37	48,128
38 Other adjustments including California lottery losses. See instructions. Specify	38	
39 Combine line 37 and line 38	39	48,128
40	40	48,128

Is the amount on Form 540, line 13 more than the amount shown below for your filing status?

Single or married filing separate $119,813
Head of household $179,720
Married filing joint or qualifying widow(er) $239,628

NO. Transfer the amount on line 39 to line 40.
YES. Complete the Itemized Deductions Worksheet in the instructions for Sch. CA (540), line 40.

Is the amount you entered on line 40 more than your standard deduction below?

Single or married filing separate $2,711
Married filing joint, head of household, or qualifying widow(er) $5,422

YES. Transfer the amount on line 40 to Form 540, line 18.
NO. Enter your standard deduction on Form 540, line 18.

CA54099104059

TAXABLE YEAR 1999

Alternative Minimum Tax and Credit Limitations – Residents

CALIFORNIA SCHEDULE P (540)

Attach this schedule to Form 540.

Name(s) as shown on Form 540: THOMAS J. AND SUSANNE M. CAMPBELL

Your social security number: 347-38-4500

Part I Adjustments and Preferences **Important:** See instructions for information regarding California/federal differences.

1	If you itemized deductions, go to line 2. If you did not itemize deductions, enter your standard deduction from Form 540, line 18, and go to line 6	1	0
2	Medical and dental expense. Enter the smaller of Schedule A, Form 1040, line 4, or 2 1/2% of Form 1040, line 34	2	
3	Personal property taxes and real property taxes. See instructions	3	6,161
4	Certain interest on a home mortgage not used to buy, build, or improve your home. See instructions	4	
5	Miscellaneous itemized deductions. See instructions	5	1,525
6	Refund of personal property taxes and real property taxes. See instructions **Caution:** Do not include your state income tax refund on this line.	6	( )
7	Investment interest expense adjustment. See instructions	7	
8	Post-1986 depreciation. See instructions	8	
9	Adjusted gain or loss. See instructions	9	
10	Incentive stock options and California qualified stock options (CQSOs). See instructions	10	
11	Passive activities adjustment. See instructions	11	
12	Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (541), line 8	12	
13	Other. Enter the amount, if any, for each item, a through o, and enter the total on line 13. See instructions.	13	
14	**Total Adjustments and Preferences.** Combine line 1 through line 13	14	7,686

a Appreciated contributions
b Circulation expenditures
c Depletion
d Depreciation (pre-1987)
e Installment sales
f Intangible drilling costs
g Long-term contracts
h Loss limitations
i Mining costs
j Patron's adjustment
k Pollution control facilities
l Qualified small business stock
m Research and experimental
n Tax shelter farm activities
o Related adjustments

Part II Alternative Minimum Taxable Income (AMTI)

15	Enter taxable income from Form 540, line 19. See instructions	15	176,797
16	Net operating loss (NOL) deduction from Schedule CA (540), line 21b, 21d, and 21e, column B. Enter as a positive amount	16	
17	AMTI exclusion. See instructions	17	(36,302)
18	If your federal AGI is less than the amount for your filing status (listed below), skip this line and go to line 19. If you itemized deductions and your federal AGI is more than the amount for your filing status, see instructions. Single or married filing separate ..... $119,813 Married filing joint or qualifying widow(er) ..... $239,628 Head of household $179,720	16	( )
19	Combine line 14 through line 18	19	148,181
20	Alternative minimum tax NOL deduction. See instructions. Do not enter more than 90% of line 19	20	
21	**Alternative minimum taxable income.** Subtract line 20 from line 19 (if married filing separate and line 21 is more than $227,649, see instructions)	21	148,181

Part III Exemption Amount and Alternative Minimum Tax (AMT)

22 **Exemption Amount.** (If this schedule is for a child under age 14, see instructions.)

If your filing status is:	And line 21 is not over:	Enter on line 22:
Single or head of household	$165,231	$44,062
Married filing joint or qualifying widow(er)	220,308	58,749
Married filing separate	110,153	29,374

If Part II, line 21 is over the amount shown above for your filing status, see instructions.

22	**Exemption Amount**	22	58,749
23	Subtract line 22 from line 21. If zero or less, enter –0–	23	89,432
24	Tentative minimum tax. Multiply line 23 by 7.0% (.07)	24	6,260
25	Regular tax before credits from Form 540, line 20. If an amount is entered on Form 540, line 23, see instructions	25	13,058
26	**Alternative Minimum Tax.** Subtract line 25 from line 24. If zero or less, enter –0– here and on Form 540, line 35. If more than zero, enter here and on Form 540, line 35. (Exception: If you have carryover credit for solar energy or commercial solar energy, first enter the result on Side 2, Part IV, Section C, line 21.)	26	0

P54099104059

THOMAS J. AND SUSANNE M. CAMPBELL 347-38-4500

Part IV **Credits that Reduce Tax** **Note:** Be sure to attach your credit forms to Form 540.

1	Enter the amount from Form 540, line 24	12,914
2	Enter the tentative minimum tax from Side 1, Part III, line 24	6,260

Section A – Credits that reduce excess tax.	(a) Credit amount	(b) Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
3 Subtract line 2 from line 1. If zero or less enter –0– and see instr. This is your excess tax which may be offset by credits 3			6,654	
A1 Credits that reduce excess tax and have no carryover provisions.				
4 Code: 170 Credit for joint custody head of household 4				
5 Code: 173 Credit for dependent parent 5				
6 Code: 163 Credit for senior head of household 6				
7 Code: 162 Prison inmate labor credit 7				
8 Code: 169 Enterprise zone employee credit 8				
A2 Credits that reduce excess tax and have carryover provisions.				
9 Code: _____ Credit Name: _____ 9				
10 Code: _____ Credit Name: _____ 10				
11 Code: _____ Credit Name: _____ 11				
12 Code: _____ Credit Name: _____ 12				
13 Code: 188 Credit for prior year alternative minimum tax 13				
Section B – Credits that may reduce tax below tentative min. tax.				
14 If Part IV, line 3 is zero, enter amount from line 1. If line 3 is more than zero, enter the total of line 2 and the last entry in column (c) 14			12,914	
B1 Credits that reduce net tax and have carryover provisions.				
15 Code: _____ Credit Name: _____ 15				
16 Code: _____ Credit Name: _____ 16				
17 Code: _____ Credit Name: _____ 17				
18 Code: _____ Credit Name: _____ 18				
B2 Credits that reduce net tax and have no carryover provisions.				
19 Code: 187 Other state tax credit 19				
20 Nonrefundable renter's credit. Be sure to enter the amount in column (b) on Form 540, line 31 20				
Section C – Credits that may reduce alternative minimum tax.				
21 Enter your alternative minimum tax from Side 1, Part III, line 26 21				
22 Code: 180 Solar energy credit carryover from Sect. B1, column (d) 22				
23 Code: 181 Commercial solar energy credit carryover from Section B1, column (d) 23				
24 Adjusted AMT. Enter the balance from line 23, column (c) here and on Form 540, line 35 24				

1999 **CALIFORNIA K-1 RECONCILIATION WORKSHEET** PAGE 1

THOMAS J. AND SUSANNE M. CAMPBELL 347-38-4500

GEORGIAN WINES L.L.C.
94-3216956
PARTNERSHIP
PASSIVE

	K-1 Input (plus At-Risk carryover's)	Disallowed Due to At-Risk	Prior Year Unallowed Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E (page 2)					
Ordinary income (loss)					
Rental real estate income (loss)					
Other rental income (loss)					
Intangible drilling costs					
Passive interest expense					
Guaranteed payments (nonpassive)					
Section 179 expense and carryover					
Disallowed section 179 expense					
Net income (loss)					
First passive other					
Second passive other					
Cost depleton					
Percentage depletion					
Depletion carryover					
Disallowed due to 65% limitation					
Unreimbursed expenses (nonpassive)					
Nonpassive other					
Total Schedule E (page 2)					
FORM 4797					
Section 1231 gain (loss)					
Section 179 recapture on disposition					
SCHEDULE D					
Short-term capital gain (loss)					
Long-term capital gain (loss)					
FORM 4952					
Investment interest expense					
Other net investment income					
SCHEDULE A					
Charitable contributions					
Deductions related to portfolio income					
SCHEDULE B					
Interest income (banks, S&L, C/U, etc.)					
Interest income (U.S. bonds, T-bills, etc.)					
Ordinary dividends					
Tax-exempt interest (total muni- bonds)					
Tax-exempt interest (in-state bonds)					
FORM 6251					
Depreciation adjustment after 12/31/86					
Adjusted gain or loss					
Depreciation (pre-1987)					
Beneficiary's AMT adjustment					
Depletion					
Excess intangible drilling costs					
MISCELLANEOUS					
Net earnings from self employment (SE)					
Gross farming income (Sch. E, page 2)					
Royalties (Sch. E, page 1)					
Taxes on undistributed capital gains (1040)					
Credit for income tax withheld					
Estimated taxes credited from trust					
Credits					

* Carries to AMT at-risk/passive worksheets to compute Form 6251, line 11 or 14h.

1999 **CALIFORNIA K-1 RECONCILIATION WORKSHEET** PAGE 2

THOMAS J. AND SUSANNE M. CAMPBELL 347-38-4500

SUSANNE M. CAMPBELL FAMILY L.P. LTD PTR
54-1810330

PARTNERSHIP NONPASSIVE	K-1 Input (plus At-Risk carryovers)	Disallowed Due to At-Risk	Prior Year Unallowed Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E (page 2)					
Ordinary income (loss)					
Rental real estate income (loss)					
Other rental income (loss)					
Intangible drilling costs					
Passive interest expense					
Guaranteed payments (nonpassive)					
Section 179 expense and carryover					
Disallowed section 179 expense					
Net income (loss)					
First passive other					
Second passive other					
Cost depletion					
Percentage depletion					
Depletion carryover					
Disallowed due to 65% limitation					
Unreimbursed expenses (nonpassive)					
Nonpassive other					
Total Schedule E (page 2)					
FORM 4797					
Section 1231 gain (loss)					
Section 179 recapture on disposition					
SCHEDULE D					
Short-term capital gain (loss)	27,706				27,706
Long-term capital gain (loss)		-			
FORM 4952		-			
Investment interest expense					
Other net investment income					
SCHEDULE A					
Charitable contributions					
Deductions related to portfolio income					
SCHEDULE B					
Interest income (banks, S&L, C/U, etc.)	3,325				3,325
Interest income (U.S. bonds, T-bills, etc.)					
Ordinary dividends					
Tax-exempt interest (total muni- bonds)	813				813
Tax-exempt interest (in-state bonds)					
FORM 6251					
Depreciation adjustment after 12/31/86					
Adjusted gain or loss					
Depreciation (pre-1987)					
Beneficiary's AMT adjustment					
Depletion					
Excess intangible drilling costs					
MISCELLANEOUS					
Net earnings from self employment (SE)					
Gross farming income (Sch. E, page 2)					
Royalties (Sch. E, page 1)					
Taxes on undistributed capital gains (1040)					
Credit for income tax withheld					
Estimated taxes credited from trust					
Credits					

* Carries to AMT at-risk/passive worksheets to compute Form 6251, line 11 or 14h.

1999	CALIFORNIA K-1 RECONCILIATION WORKSHEET	PAGE 3
	THOMAS J. AND SUSANNE M. CAMPBELL	347-38-4500

TAYLOR ST. FAMILY L.P.
54-1810053

PARTNERSHIP NONPASSIVE	K-1 Input (plus At-Risk carryovers)	Disallowed Due to At-Risk	Prior Year Unallowed Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E (page 2)					
Ordinary income (loss)					
Rental real estate income (loss)					
Other rental income (loss)					
Intangible drilling costs					
Passive interest expense					
Guaranteed payments (nonpassive)					
Section 179 expense and carryover					
Disallowed section 179 expense					
Net income (loss)					
First passive other					
Second passive other					
Cost depletion					
Percentage depletion					
Depletion carryover					
Disallowed due to 65% limitation					
Unreimbursed expenses (nonpassive)					
Nonpassive other					
Total Schedule E (page 2)					
FORM 4797					
Section 1231 gain (loss)					
Section 179 recapture on disposition					
SCHEDULE D					
Short-term capital gain (loss)					
Long-term capital gain (loss)					
FORM 4952					
Investment interest expense					
Other net investment income					
SCHEDULE A					
Charitable contributions					
Deductions related to portfolio income					
SCHEDULE B					
Interest income (banks, S&L, C/U, etc.)					
Interest income (U.S. bonds, T-bills, etc.)					
Ordinary dividends					
Tax-exempt interest (total muni- bonds)					
Tax-exempt interest (in-state bonds)					
FORM 6251					
Depreciation adjustment after 12/31/86					
Adjusted gain or loss					
Depreciation (pre-1987)					
Beneficiary's AMT adjustment					
Depletion					
Excess intangible drilling costs					
MISCELLANEOUS					
Net earnings from self employment (SE)					
Gross farming income (Sch. E, page 2)					
Royalties (Sch. E, page 1)					
Taxes on undistributed capital gains (1040)					
Credit for income tax withheld					
Estimated taxes credited from trust					
Credits					

* Carries to AMT at-risk/passive worksheets to compute Form 6251, line 11 or 14h.

1999	CALIFORNIA K-1 RECONCILIATION WORKSHEET	PAGE 4
	THOMAS J. AND SUSANNE M. CAMPBELL	347-38-4500

KMC VENTURES FAMILY L.P.
54-1825133

PARTNERSHIP NONPASSIVE	K-1 Input (plus At-Risk carryovers)	Disallowed Due to At-Risk	Prior Year Unallowed Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E (page 2)					
Ordinary income (loss)					
Rental real estate income (loss)					
Other rental income (loss)					
Intangible drilling costs					
Passive interest expense					
Guaranteed payments (nonpassive)					
Section 179 expense end carryover					
Disallowed section 179 expense					
Net income (loss)					
First passive other					
Second passive other					
Cost depletion					
Percentage depletion					
Depletion carryover					
Disallowed due to 65% limitation					
Unreimbursed expenses (nonpassive)					
Nonpassive other					
Total Schedule E (page 2)					
FORM 4797					
Section 1231 gain (loss)					
Section 179 recapture on disposition					
SCHEDULE D					
Short-term capital gain (loss)					
Long-term capital gain (loss)					
FORM 4952					
Investment interest expense					
Other net investment income					
SCHEDULE A					
Charitable contributions					
Deductions related to portfolio income					
SCHEDULE B					
Interest income (banks, S&L, C/U, etc.)					
Interest income (U.S. bonds, T-bills, etc.)					
Ordinary dividends					
Tax-exempt interest (total muni- bonds)					
Tax-exempt interest (in-state bonds)					
FORM 6251					
Depreciation adjustment after 12/31/86					
Adjusted gain or loss					
Depreciation (pre-1987)					
Beneficiary's AMT adjustment					
Depletion					
Excess intangible drilling costs					
MISCELLANEOUS					
Net earnings from self employment (SE)					
Gross farming income (Sch. E, page 2)					
Royalties (Sch. E, page 1)					
Taxes on undistributed capital gains (1040)					
Credit for income tax withheld					
Estimated taxes credited from trust					
Credits					

* Carries to AMT at-risk/passive worksheets to compute Form 6251, line 11 or 14h.

1999	CALIFORNIA K-1 RECONCILIATION WORKSHEET	PAGE 5
	THOMAS J. AND SUSANNE M. CAMPBELL	347-38-4500

KATHLEEN M. COLE FAMILY L.P.
54-1810051

PARTNERSHIP NONPASSIVE	K-1 Input (plus At-Risk carryovers)	Disallowed Due To At-Risk	Prior Year Unallowed Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E (page 2)					
Ordinary income (loss)					
Rental real estate income (loss)					
Other rental income (loss)					
Intangible drilling costs					
Passive interest expense					
Guaranteed payments (nonpassive)					
Section 179 expense and carryover					
Disallowed section 179 expense					
Net income (loss)					
First passive other					
Second passive other					
Cost depletion					
Percentage depletion					
Depletion carryover					
Disallowed due to 65% limitation					
Unreimbursed expenses (nonpassive)					
Nonpassive other					
Total Schedule E (page 2)					
FORM 4797					
Section 1231 gain (loss)					
Section 179 recapture on disposition					
SCHEDULE D					
Short-term capital gain (loss)	8,020				8,020
Long-term capital gain (loss)					
FORM 4952					
Investment interest expense					
Other net investment income					
SCHEDULE A					
Charitable contributions					
Deductions related to portfolio income	45				45
SCHEDULE B					
Interest income (banks, S&L, C/U, etc.)	6				6
Interest income (U.S. bonds, T-bills, etc.)	6				6
Ordinary dividends	680				680
Tax-exempt interest (total muni- bonds)	306				306
Tax-exempt interest (in-state bonds)	306				306
FORM 6251					
Depreciation adjustment after 12/31/86					
Adjusted gain or loss					
Depreciation (pre-1987)					
Beneficiary's AMT adjustment					
Depletion					
Excess intangible drilling costs					
MISCELLANEOUS					
Net earnings from self employment (SE)					
Gross farming income (Sch. E, page 2)					
Royalties (Sch. E, page 1)					
Taxes on undistributed capital gains (1040)					
Credit for income tax withheld					
Estimated taxes credited from trust					
Credits					

* Carries to AMT at-risk/passive worksheets to compute Form 6251, line 11 or 14h.

1999	CALIFORNIA K-1 RECONCILIATION WORKSHEET	PAGE 6
	THOMAS J. AND SUSANNE M. CAMPBELL	347-38-4500

SUZANNE M. CAMPBELL FAMILY L.P. GEN PTR
54-1810330

PARTNERSHIP PASSIVE	K-1 Input (plus At-Risk carryovers)	Disallowed Due to At-Risk	Prior Year Unallowed Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E (page 2)					
Ordinary income (loss)					
Rental real estate income (loss)					
Other rental income (loss)					
Intangible drilling costs					
Passive interest expense					
Guaranteed payments (nonpassive)					
Section 179 expense and carryover					
Disallowed section 179 expense					
Net income (loss)					
First passive other					
Second passive other					
Cost depletion					
Percentage depletion					
Depletion carryover					
Disallowed due to 65% limitation					
Unreimbursed expenses (nonpassive)					
Nonpassive other					
Total Schedule E (page 2)					
FORM 4797					
Section 1231 gain (loss)					
Section 179 recapture on disposition					
SCHEDULE D					
Short-term capital gain (loss)	576				576
Long-term capital gain (loss)					
FORM 4952					
Investment interest expense					
Other net investment income					
SCHEDULE A					
Charitable contributions					
Deductions related to portfolio income					
SCHEDULE B					
Interest income (banks, S&L, C/U, etc.)					
Interest income (U.S. bonds, T-bills, etc.)					
Ordinary dividends	70				70
Tax-exempt interest (total muni- bonds)	17				17
Tax-exempt interest (in-state bonds)					
FORM 6251					
Depreciation adjustment after 12/31/86					
Adjusted gain or loss					
Depreciation (pre-1987)					
Beneficiary's AMT adjustment					
Depletion					
Excess intangible drilling costs					
MISCELLANEOUS					
Net earnings from self employment (SE)					
Gross farming income (Sch. E, page 2)					
Royalties (Sch. E, page 1)					
Taxes on undistributed capital gains (1040)					
Credit for income tax withheld					
Estimated taxes credited from trust					
Credits					

* Carries to AMT at-risk/passive worksheets to compute Form 6251, line 11 or 14h.

1999 CALIFORNIA K-1 RECONCILIATION WORKSHEET – SUMMARY PAGE 7

THOMAS J. AND SUSANNE M. CAMPBELL 347-38-4500

	K-1 Input (plus At-Risk carryovers)	Disallowed Due to At-Risk	Prior Year Unallowed Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E (page 2)					
Ordinary income (loss)					
Rental real estate income (loss)					
Other rental income (loss)					
Intangible drilling costs					
Passive interest expense					
Guaranteed payments (nonpassive)					
Section 179 expense and carryover					
Disallowed section 179 expense					
Net income (loss)					
First passive other					
Second passive other					
Cost depletion					
Percentage depletion					
Depletion carryover					
Disallowed due to 65% limitation					
Unreimbursed expenses (nonpassive)					
Nonpassive other					
Total Schedule E (page 2)					
FORM 4797					
Section 1231 gain (loss)					
Section 179 recapture on disposition					
SCHEDULE D					
Short-term capital gain (loss)					36,302
Long-term capital gain (loss)		–			
FORM 4952		–			
Investment interest expense					
Other net investment income					
SCHEDULE A					
Charitable contributions					
Deductions related to portfolio income					45
SCHEDULE B					
Interest income (banks, S&L, C/U, etc.)					3,331
Interest income (U.S. bonds, T-bills, etc.)					6
Ordinary dividends					750
Tax-exempt interest (total muni- bonds)					1,136
Tax-exempt interest (in-state bonds)					306
FORM 6251					
Depreciation adjustment after 12/31/86					
Adjusted gain or loss					
Depreciation (pre-1987)					
Beneficiary's AMT adjustment					
Depletion					
Excess intangible drilling costs					
MISCELLANEOUS					
Net earnings from self employment (SE)					
Gross farming income (Sch. E, page 2)					
Royalties (Sch. E, page 1)					
Taxes on undistributed capital gains (1040)					
Credit for income tax withheld					
Estimated taxes credited from trust					
Credits					

* Carries to AMT at-risk/passive worksheets to compute Form 5251, line 11 or 14b

Trust & Asset Management Services

MEMBER FIRST VIRGINIA BANKS, INC.

FIRST VIRGINIA BANK
ONE FIRST VIRGINIA PLAZA
6400 ARLINGTON BOULEVARD
FALLS CHURCH, VA 22042

Annabelle

SUSAN CAMPBELL
20721 HENWOOD ROAD
SAN JOSE, CA 95120-1207

001 00211 0849

MARTIN FAMILY TRUST

FOR THE PERIOD 1/ 1/00 - 3/31/00

ACCOUNT ADMINISTRATOR: WESLEY A. FLORY
TELEPHONE NUMBER: (703)241-4843

ASSET SUMMARY

PRINCIPAL PORTFOLIO

001002110849 MARTIN FAMILY TRUST AS OF 3/31/00 PAGE 1

DESCRIPTION	MARKET	COST	UNREALIZED GAIN/LOSS	EST. ANNUAL INCOME	YLD AT MKT
CASH EQUIVALENTS	7,761.21	7,761.21	0.00	457.80	5.90
COMMON TRUST FUNDS	332,973.96	238,838.85	94,135.11	11,989.43	3.60
TOTAL INVESTMENTS	340,735.17	246,600.06	94,135.11	12,447.23	3.65
PRINCIPAL CASH	0.00	0.00			
TOTAL ASSETS	340,735.17	246,600.06	94,135.11	12,447.23	3.65

CASH SUMMARY

001002110849 MARTIN FAMILY TRUST FOR THE PERIOD 01/01/00 - 03/31/00 PAGE 3

BEGINNING INCOME CASH BALANCE		44.06
DURING THE PERIOD INCOME CASH WAS RECEIVED AS FOLLOWS		
INTEREST	117.44	
DIVIDENDS	0.00	
OTHER INCOME	2,973.78	
TRANSFERS FROM PRINCIPAL CASH	190.24	
TOTAL INCOME RECEIPTS		3,281.46
LESS INCOME CASH DISBURSEMENTS		3,325.52-
LEAVING AN INCOME CASH BALANCE OF		0.00
" " " " " "		
BEGINNING PRINCIPAL CASH BALANCE		0.00
DURING THE PERIOD PRINCIPAL CASH WAS RECEIVED AS FOLLOWS		
SECURITY SALES AND MATURITIES	644.64	
OTHER PRINCIPAL CASH RECEIPTS	0.00	
TRANSFER FROM INCOME CASH	0.00	
TOTAL PRINCIPAL CASH RECEIVED		644.64
LESS TOTAL PRINCIPAL CASH DISBURSEMENTS		644.64-
LEAVING A PRINCIPAL CASH BALANCE OF		0.00
" " " " " "		
BEGINNING ASSET CARRYING VALUE		224,248.82
DURING THE PERIOD ASSETS WERE ACQUIRED AS FOLLOWS		
ASSETS CONTRIBUTED	0.00	
ASSETS PURCHASED	0.00	
TOTAL ASSETS ACQUIRED		0.00
LESS TOTAL ASSET SALES		644.64-
LESS TOTAL ASSET DISBURSEMENTS		0.00
CARRYING VALUE ADJUSTMENTS		0.00
LEAVING AN ASSET CARRYING VALUE OF		223,604.18

TRANSACTION DETAIL

001002110849 MARTIN FAMILY TRUST FOR THE PERIOD 01/01/00 - 03/31/00 PAGE 5

DATE	DESCRIPTION		INCOME	PRINCIPAL	INVESTMENTS
12/31/99	BALANCES CARRIED FORWARD		$44.06	$0.00	$224,248.82
	SALES				
	*SHORT-TERM INVESTMENT POOL				
01/03/00	SOLD 193.3 DOLLARS			193.30	193.30-
01/19/00	SOLD 32.18 DOLLARS			32.18	32.18-
02/01/00	SOLD 131.97 DOLLARS			131.97	131.97-
02/24/00	SOLD 113.98 DOLLARS			113.98	113.98-
03/01/00	SOLD 129.13 DOLLARS			129.13	129.13-
03/17/00	SOLD 44.08 DOLLARS			44.08	44.08-
	TOTAL FOR ASSET	644.64			
	TOTAL SALES			644.64	644.64-
	OTHER DISBURSEMENTS				
01/18/00	CASH DISBURSEMENT TRANSFER TO INCOME TO COVER OVERDRAFT			32.18-	
02/23/00	CASH DISBURSEMENT TRANSFER TO INCOME			113.98-	

Trust & Asset Management Services

MEMBER FIRST VIRGINIA BANKS, INC.

TRANSACTION DETAIL

001002110849 MARTIN FAMILY TRUST

FOR THE PERIOD 01/01/00 - 03/31/00 PAGE 7

DATE	DESCRIPTION		INCOME	PRINCIPAL	INVESTMENTS
01/03/00	CASH RECEIPT OF INCOME EARNED INTEREST FROM 12/1/99 TO 12/31/99		2.07		
02/01/00	CASH RECEIPT OF INCOME EARNED INTEREST FROM 1/1/00 TO 1/31/00		37.08		
02/01/00	CASH RECEIPT OF INCOME EARNED INTEREST FROM 1/1/00 TO 1/31/00		1.48		
03/01/00	CASH RECEIPT OF INCOME EARNED INTEREST FROM 2/1/00 TO 2/29/00		36.36		
03/01/00	CASH RECEIPT OF INCOME EARNED INTEREST FROM 2/1/00 TO 2/29/00		1.68		
	TOTAL FOR ASSET	117.44			
	TOTAL INTEREST		117.44		
	OTHER ASSET INCOME				
	*FVB CTF - COMMON STOCK FUND				
01/04/00	CASH RECEIPT OF INCOME EARNED $0.11621/UNIT ON 745 UNITS DUE 1/4/00		86.58		
02/02/00	CASH RECEIPT OF INCOME EARNED $0.15958/UNIT ON 745 UNITS DUE 2/2/00		118.89		

TRANSACTION DETAIL

001002110849 MARTIN FAMILY TRUST FOR THE PERIOD 01/01/00 - 03/31/00 PAGE 9

DATE	DESCRIPTION		INCOME	PRINCIPAL	INVESTMENTS
03/17/00	CASH RECEIPT TRANSFER FROM PRINCIPAL		44.08		
	TOTAL	190.24			
	TOTAL OTHER RECEIPTS		190.24		
	OTHER DISBURSEMENTS				
01/14/00	CASH DISBURSEMENT PAID TO FIRST VIRGINIA BANK DIST-PAYMENT FOR BENEFICIARY DEPOSIT TO C/A #3980-9870		1,000.00-		
02/14/00	CASH DISBURSEMENT PAID TO FIRST VIRGINIA BANK DIST-PAYMENT FOR BENEFICIARY DEPOSIT TO C/A #3980-9870		1,000.00-		
03/14/00	CASH DISBURSEMENT PAID TO FIRST VIRGINIA BANK DIST-PAYMENT FOR BENEFICIARY DEPOSIT TO C/A #3980-9870		1,000.00-		
	TOTAL	3,000.00-			

TRANSACTION DETAIL

001002110849 MARTIN FAMILY TRUST FOR THE PERIOD 01/01/00 - 03/31/00 PAGE 11

DATE	DESCRIPTION		INCOME	PRINCIPAL	INVESTMENTS
03/02/00	FED BASIS ADJUSTED BY $1,987.11 STATE COST ADJUSTED BY $1,987.11				
	TOTAL FOR ASSET	0.00			
	*FVB CTF - FIXED INCOME FUND				
01/04/00	FED BASIS ADJUSTED BY $17.17- STATE COST ADJUSTED BY $17.17-				
02/02/00	FED BASIS ADJUSTED BY $25.97- STATE COST ADJUSTED BY $25.97-				
03/02/00	FED BASIS ADJUSTED BY $0.55 STATE COST ADJUSTED BY $0.55				
	TOTAL FOR ASSET	0.00			
	TOTAL NON CASH TRANSACTIONS				0.00
03/31/00	BALANCES CARRIED FORWARD		$0.00	$0.00	$223,604.18

Trust & Asset Management Services

MEMBER FIRST VIRGINIA BANKS, INC.

TRANSACTION DETAIL

001002110849 MARTIN FAMILY TRUST FOR THE PERIOD 01/01/00 - 03/31/00 PAGE 13

DATE	DESCRIPTION	INVESTED INCOME	INVESTMENTS
03/31/00	BALANCES CARRIED FORWARD	$0.00	$0.00

HAND DELIVERED

00 MAY 15 PM 3:44
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LEGISLATIVE RESOURCE CENTER

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MC

House Committee on Standards of Official Conduct
US House of Representatives
US Congress
Washington, DC 20515

May 15, 2000

Dear Ladies and Gentlemen:

Could you kindly supplement my year 2000 filing with the following three pages?

The first page is to substitute for the page which describes the transactions in securities held over the last year. The page I submitted earlier inadvertently listed the transactions from 1998, not 1999.

I am attaching two additional sheets as well. The first is a copy of what I submitted last year; it lists the assets in the partnership account of my wife and her mother in which my wife held a 2% interest prior to the dissolution of the trust during 1999. The second is a listing of all the assets held in all my wife's partnerships at the close of 1999.

Thank you.

Sincerely,

Tom Campbell

Tom Campbell
U.S. Congressman

1999 TRANSACTIONS IN SPOUSE'S ACCOUNTS

Susanne M. Campbell, Limited Partnership
100% owned by spouse

501 shares COMPAQ sold 4/9/99 value 15,100
410 shares GILLETTE sold 11/18/99 -value 14,513
300 shares NAVIGANT sold 9/7/99 value 13,608
200 shares GLOBAL CROSSINGS sold 3/15/99 value 11,044
1 shares PFIZER sold 6/30/99 value 28
500 shares SBA COMMUNICATIONS CORP sold 12/20/99 value 8,395

2. Spouse received $56,000 in cash in payment for her interest in all of the following; all securities reverted to spouse's mother

Kathleen M. Cole Family Limited Partnership
2% owned by spouse
Dissolved, 9/99.
(Common stocks listed on 1999 disclosure form, attached. Total estimated value 2.5 million)

Taylor Street Family Limited Partnership
2% owned by spouse
Dissolved, 9/99.
(Interest in condominium in Virginia. Total estimated value 200,000)

KMC Ventures Family Limited Partnership
2% owned by spouse.
Dissolved, 9/99
(Interest in 1 million life insurance policy on spouse's mother's life.)

SPOUSE'S FAMILY LIMITED PARTNERSHIP

Schedule III, cont.

Account Number [redacted]

Current Portfolio

TYPE/DESCRIPTION	SYMBOL	QUANTITY	CURRENT PRICE	ESTIMATED VALUE	ESTIMATED ANNUAL INCOME	CURRENT YIELD
Bonds						
VIRGINIA ST HSG DEV AUTH MULTI FAM HSG MTG REV SER B CPN 6.700% DUE 11/01/21 DTD 10/01/78 CALL 04/23/99 @ 101.000 ACCRUED INT 139.60		5,000	103.3750	5,168.75	335	6.4
VIRGINIA HSG DEV AUTH RESIDENTIAL MTG HSG REV SER A CPN 5.750% DUE 06/01/14 DTD 12/01/73 FC 06/01/74 CALL 04/23/99 @ 100.000 ACCRUED INT 191.70		10,000	100.1130	10,011.30	575	5.7
VIRGINIA ST HSG DEV AUTH CMNWLTH MTG SER C SUBSER C-6 CPN 6.250% DUE 01/01/15 DTD 06/15/92 FC 01/01/95 CALL 01/01/02 @ 102.000 ACCRUED INT 156.30		10,000	104.0260	10,402.60	625	6.0
VIRGINIA ST HSG DEV AUTH MULTI FAM SER E CPN 5.900% DUE 11/01/17 DTD 05/01/93 FC 11/01/93 CALL 11/01/03 @ 102.000 ACCRUED INT 1,229.00		50,000	105.0630	52,531.50	2,950	5.6
$3,078 IS THE TOTAL ESTIMATED ACCRUED INTEREST AS DETAILED ABOVE.						
TOTAL BONDS				181,794.30	10,835	6.0
Stocks						
AMERITECH CORP NEW	AIT	1,400	57.6250	80,675.00	1,778	2.2
BANKAMERICA CORP NEW COM	BAC	500	70.6250	35,312.50	900	2.5
BELL ATLANTIC CORP	BEL	1,200	51.6875	62,025.00	1,848	2.9
CHASE MANHATTAN CORP NEW	CMB	1,100	81.3750	89,512.50	1,804	2.0
CITIGROUP INC	C	600	63.8750	38,325.00	432	1.1
COCA-COLA COMPANY	KO	3,000	61.3750	184,125.00	1,920	1.0
COMPAQ COMPUTER CORP	CPQ	1,000	31.6875	31,687.50	80	0.2
DU PONT E.I. DE NEMOURS AND COMPANY	DD	2,400	58.0625	139,350.00	3,360	2.4
EXXON CORP	XON	6,400	70.5625	451,600.00	10,496	2.3
FEDERAL NATIONAL MTG ASSN	FNM	800	69.2500	55,400.00	864	1.5
FIRST UNION CORP	FTU	600	53.4375	32,062.50	1,128	3.5
FLEET FINL GROUP INC NEW	FLT	600	37.6250	22,575.00	648	2.8
GANNETT CO INC DEL	GCI	9,600	63.0000	604,800.00	7,680	1.2
GENERAL ELECTRIC COMPANY	GE	400	110.6250	44,250.00	560	1.2
GILLETTE CO	G	600	59.4375	35,662.50	306	0.8
HARTFORD FINL SVCS GROUP INC	HIG	1,000	56.8125	56,812.50	880	1.5

—CONTINUED ON NEXT PAGE—

[redacted] Quarterly Statement

FIRST UNION

SPOUSE'S FAMILY LIMITED PARTNERSHIP

Schedule III, cont.

Account Of: [redacted]

Account Number [redacted]

Current Portfolio continued

TYPE/DESCRIPTION	SYMBOL	QUANTITY	CURRENT PRICE	ESTIMATED VALUE	ESTIMATED ANNUAL INCOME	CURRENT YIELD
Stocks						
INTEL CORP	INTC	400	119.1250	47,650.00	96	0.2
ELI LILLY & CO	LLY	800	84.8750	67,900.00	736	1.0
PFIZER INCORPORATED	PFE	300	138.7500	41,625.00	264	0.6
SCHERING PLOUGH CORP	SGP	1,600	55.2500	88,400.00	704	0.7
VLASIC FOODS INTL INC	VL	40	12.9375	517.50	0	0.0
TOTAL STOCKS				2,210,267.50	36,484	1.7
Mutual Funds						
FIDELITY ADVISOR GROWTH OPPORTUNITIES	FAGOX	1,792.1810	49.6300	88,945.94	627	0.7
MFS VA MUNI BOND FUND CLASS A	MSVAX	8,354.6110	11.6000	96,913.48	4,511	4.6
NUVEEN MUNICIPAL INCOME FUND, INC.	NMI	833	12.1875	10,152.18	574	5.6
TOTAL MUTUAL FUNDS				196,011.60	5,713	2.9

Estimated Annual Income and Current Yield refer to dividends and interest income only, and typically do not reflect total return.

TOTAL ESTIMATED PORTFOLIO VALUE	2,652,295.90	55,562	2.1

ASSETS HELD IN SPOUSE'S PARTNERSHIPS AT CLOSE OF 1999

Georgian Wines Limited Partnership
1% interest in winery in Tbilisi, Georgia. Invested $25,000. Current value: worthless.

Susanne M. Campbell Family Limited Partnership

Common Stock Name	Dollar Value
Clorox	3,300
E Trade Group	3,012
First Union Corp.	7,661
Global Crossing	20,468
JDS Uniphase Corp.	72,337
Johnson & Johnson	14,976
Lucent Tech	6,125
Pfizer	11,171
Qualcomm Inc	7,465
Vodafone Airtouch	11,133

Mutual Funds

MFS Municipal Bond Fund Class A	16,960	
New Perspective Fund	114,977	
Wash Mutual Investment Fund	18,977	
Total Estimated Portfolio Value		346,024

Martin Family Trust
Spouse has no present interest. Only the right to inherit upon death of mother.

Cash	8,405		
Common Trust Funds			
First Virginia Bank Discretionary Fixed Income Common Trust Fund		162,724	
First Virginia Bank Discretionary Common Stock Trust Fund		162,477	
Total Estimated Portfolio Value			325,201

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

Charles T. Canady
(Full Name)

2432 Rayburn HOB, Washington, DC 20515 — (Mailing Address)

202-225-1252 — Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: FL District: 12	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Chas T. Canady	May 15, 2000

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP	DC	JT	Asset	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E P, S, E
SP			Mega Corp. Stock					X								X										X								P
DC	*Examples:*		Simon & Schuster		Indefinite																	Royalties									X			
JT			1st Bank of Paducah, KY accounts						X									X										X						
SP	Euro Pac Growth Fund SBI					X										X			X					X		X								
SP	Growth Fund of America					X										X			X					X			X							
SP	New Economy Fund					X										X			X					X										
SP	Putnam Fund for Growth & Income					X										X			X						X X									
SP	CCR Money Market Fund					X										X								X										
SP	Houghton Family Partnership, Ltd.					X											X	X	X					X X			X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Charles T. Canady

Page 3 of 5

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Oppenheimer Main St. Income & Growth Fund A			X										X			X					X	X								

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Aspen Institute	Mar.19-21	Wash.DC - Hershey,PA - Wash. DC	Y	Y	Y	N
	The Heritage Foundation	Aug 10-17	Wash. DC - Taipei-Beijing -Tokyo - Tampa, FL	Y	Y	N	N
	American Crop Protection Assoc.	Sept.24-27	Wash.DC - White Sulphur Springs, WVa -Wash.DC	Y	Y	Y	N
	Jordan Evangelical Theological Seminary & Campus Crusade for Christ	Dec.1-14	Orlando, FL - London - Amman - London - Orlando	Y	Y	Y	7 days

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director (unpaid)	Volunteers in Service to the Elderly, Inc.
Director (unpaid)	Care Net

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 15 PM 6:14
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

MC (10)
HAND DELIVERED
(Office Use Only)

LOIS G. CAPPS
(Full Name)

1428 CHAPALA STREET
(Mailing Address)

Daytime Telephone

SANTA BARBARA, CALIFORNIA 93101 805-730-1710

Filer Status	[X] Member of the U.S. House of Representatives	State ____ District ____	[ ] Officer or Employee — Employing Office ____
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	✓ Lois G. Capps	✓ 5/15/00

Name LOIS G. CAPPS

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other soouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	PUBLISHING HOUSE OF ELCA AUGSBURG FORTRESS PUBLISHERS	BOOK ROYALTY	1966.
	BEACON PRESS	BOOK ROYALTY	110.
	UNIVERSITY OF SOUTH CAROLINA PRESS	BOOK ROYALTY	64.
	HARPER COLLINS PUBLISHERS	BOOK ROYALTY	176.

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$500
	N/A			

This page may be copied if more space is required.

Name LOIS G. CAPPS

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

			Block A: Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples:	SP	Mega Corp. Stock					X								X																		P
			Simon & Schuster			Indefinite																Royalties									X			
			1st Bank of Paducah, KY accounts						X									X									X							
			AMGEN, INC (IRA)			X																	X											P
			CHURCH & DWIGHT (IRA			X																	X											P
			COMPAQ COMPUTER (IRA			X																	X											P
			DAYTON HUDSON (IRA)			X																	X											P
			FED NAT'L MTG (IRA)			X																	X											P
			LOWES COMPANIES (IRA			X																	X											P

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name LOIS G. CAPPS

Page 5 of 10

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	MCI WORLDCOM (IRA)			X																	X											P
	McKESSON HBOC (IRA)			X																	X											P
	MEDTRONIC (IRA)			X																	X											P
	NOKIA (IRA)			X																	X											P
	SUN MICROSYS (IRA)			X																	X											P
	TYCO CORP (IRA)			X																	X											P
	XEROX CORP (IRA)			X																	X											P
	GEO PUTNAM OF BOSTON					X							X									X										P
	PUTNAM CA TAX EX				X								X											X								P, S
	PUTNAM GROWTH&INC				X								X									X										P
	PUTNAM INT'L GROWTH				X								X									X										P
	PUTNAM MONEY MARKET				X								X									X										P
	PUTNAM RESEARCH				X								X									X										P
	PUTNAM TAX SMART EQ.						X						X									X										P
	FIDELITY MAGELLAN	X											X											X								
	FIDELTIY CASH RESER.	X											X												X							
	CONGREEIONAL C.U.		X													X						X										
	MET LIFE INV SER.	X														X								X								E
	MID-STATE BANK			X												X							X									
	396 VESTERSTED, SOLV	X													X										X							S

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SCHEDULE IV — TRANSACTIONS

Name LOIS G. CAPPS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	PUTNAM TAX-EXEMPT INCOME FUND		X		12/16/99				X						
	396 VESTERSTED, SOLVANG, CA		X		08/20/99					X					
	MCI WORLDCOM (IRA)	X			11/30/99	X									
	TYCO INTERNATIONAL (IRA)	X			11/30/99	X									
	AMGEN, INC. (IRA)	X			10/27/99	X									
	CHURCH & DWIGHT (IRA)	X			06/30/99	X									
	COMPAQ COMPUTER (IRA)	X			09/01/99	X									
	DAYTON HUDSON (IRA)	X			09/01/99	X									
	FEDERAL NAT'L MORTGAGE ASSOC (IRA)	X			03/01/99	X									
	LOWES COMPANIES (IRA)	X			09/10/99	X									
	McKESSON HBOC (IRA)	X			04/09/99	X									
	MEDTRONIC, INC (IRA)	X			03/01/99	X									
	NOKIA CORP. (IRA)	X			04/09/99	X									
	SUN MICROSYSTEMS, INC. (IRA)	X			04/09/99	X									
	XEROX CORP (IRA)	X			09/01/99	X									
	GEORGE PUTNAM OF BOSTON	X			12/16/99			X							

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SCHEDULE IV — TRANSACTIONS

Name LOIS G. CAPPS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type of Transaction			Date	Amount of Transaction									
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	i $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset															
SP	*Exemple:*	Maga Corporation Common Stock	X			10–12–99		X								
	PUTNAM CA TAX-EXEMPT		X			10/21/99		X								
	PUTNAM GROWTH & INCOME		X			12/16/99		X								
	PUTNAM INTERNATIONAL GROWTH		X			12/16/99		X								
	PUTNAM MONEY MARKET		X			10/21/99		X								
	PUTNAM RESEARCH		X			11/29/99		X								
	PUTNAM TAX SMART EQUITY		X			10/21/99				X						

This page may be copied if more space is required.

Name LOIS G. CAPPS

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	N/A											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	THE ASPEN INSTITUTE	Mar 19-21	SANTA BARBARA-HERSHEY PA-round trip	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	N/A

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999 | For use by members, officers, and employees

Michael Everett Capuano
(Full Name)

172 Central Street
(Mailing Address)

Somerville MA. 02145

Daytime Telephone: 617-621-6208 or 202-225-5111

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
9
HAND DELIVERED
RECEIVED
(Office Use Only)
00 MAY 15 PM 3:40

Filer Status	[X] Member of the U.S. House of Representatives	State: Massachusetts District: 8th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Michael E. Capuano	5-12-00

Name Michael E. Capuano | Page 1 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
City of Somerville, Somerville, MA 02143	Salary - 4 days	1,191
Sole Proprietor - Accountant - Somerville, MA 02145	Spouse Salary	NA
Indikon Company, Inc - Somerville, MA 02144	Spouse Salary	NA
Riverhawk Company - Somerville, MA 02144	Spouse Salary	NA
Yosida Creyle & Sokolski, P.C., Burlington, MA 01803	Spouse Salary	NA
Church St. Cafe, Boston, MA.	Son Salary	NA
Johnny D's Rest, Somerville, MA.	Son Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$500
	Not Applicable			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: Transaction (P, S, E)
SP, DC, JT	*Examples.* SP Mega Corp Stock					X								X										X								P
	Simon & Schuster		Indefinite																	Royalties								X				
	1st Bank of Paducah, KY accounts						X									X									X							
JT	172 Central St, Somerville, MA							X							X					Residential 27% rental				X								
JT	Hidden Valley, Tuftonboro, NH						X								X					vacation home *Individually Presented				X								
JT	E. Cambridge Sav Bk, Camb, MA				X											X				Money mkt + Chq. Acct			X									
	Som School Emp. FCU, Som MA.				X											X				CD's + Savings Acct			X									
JT	Walt Disney Hldg. Co. Stk		X											X						Stock		X										
	Nationwide Deferred Pens. Plan				X															Deferred Comp.	X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael Everett CAPUANO

Page 4 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, C
	Congress Fed C.U. - DC.	B	INTEREST; Checking Acct.	II	
	CAPUANO for Congress	E	INTEREST; Loan to campaign	V	
JT	Fleet BANK - Boston, MA	C	INTEREST; Checking Acct.	I	
SP	MANULIFE Financial - Buffalo NY	E	401K	I	
SP	BANK Boston - Boston, MA	C	IRA	I	
SP	CT+M, LLC - Somerville, MA	F	INTEREST; MEMBER OF LLC	II	
DC	PAX World Fund	D	DIVIDENDS; CAPITAL GAINS; Mutual FUND	IV	
DC	Fidelity Puritan Fd.	C	DIVIDENDS; Mutual FUND	II	
DC	Fidelity Asset Mgr.	C	DIVIDENDS; CAPITAL GAINS; Mutual FUND	II	
DC	Winterthill Fed Sav. Sun MA.	C	INTEREST; CERT of DEP.	III	
DC	Northwest Mutual Fund	C	INTEREST; Whole Life POLICY	III	

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SCHEDULE IV — TRANSACTIONS

Name Michael Everett Capuano

Page 5 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	NONE														

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	HomeSideLending, Florida	Mtg on 172 Central St. Som, MA.		X								
JT	Bk of America, Getzville, NY	Mtg on Hidden Valley, Tuftonboro, NH			X							
JT	Fleet Bk, Somerville, MA.	Home Equity, Central St Som MA.			X							
JT	Century Bk, Medford, MA.	Mtg on 172 Central St. Som, MA				X						
JT	Harvard University, Camb, MA.	Tuition - Son College		X								
SP	Winterhill Fed Sav, Somerville, MA.	Mtg Loan - 1/6 Liable - JT+Severable on Note			X							
JT	Langtown + Douglas Contracting, Somerville, MA.	Home Repair from Casualty Loss re: 172 Central St, Som, MA.		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Aspen Institute	MAR 19-20	WASH DC – Harrisburg, PA – Boston MA.	Y	Y	N	N
	Invest to Compete Alliance	July 2-5	Som, MA – Chatham, MA – Som, MA.	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	- NONE -

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	- NONE -	

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
CLERK'S DISCLOSURE CENTER
00 MAY 11 AM 10: 59
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
MC HAND DELIVERED
(Office Use Only)

BENJAMIN L. CARDIN
(Full Name)

9 Whitebridge Court — 410-433-8886
(Mailing Address) — Daytime Telephone

Baltimore, Maryland 21208

Filer Status	[X] Member of the U.S. House of Representatives — State: Maryland, District: 3rd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Benjamin L. Cardin	5/10/00

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Name	BENJAMIN L. CARDIN	Page 2 of 21

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
Examples: State of Maryland	Legislative Pension	$9,000
Examples: Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Examples: Ontario County Board of Education	Spouse Salary	NA
State of Maryland	Legislative Pension	$4,110

For payments to charity in lieu of honoraria, use Schedule II.

Name	BENJAMIN L. CARDIN	Page 3 of 21

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Spaech	Feb. 2, 1999	$2,000
Examples: XYZ Magazine	Article	Aug 13, 1999	$500
International Foundation of Employee Benefits Plans, Wash., D.C.	Speech	May 4, 1999	$ 350.00
American Psychiatric Assoc., Wash., D.C.	Speech	April 12, 1999	$1,000.00
Pacific Life Ins. Co., New Port Beach, California	Appearance	April 14, 1999	$ 121.40
Kmart Family Foundation, Troy, Michigan	Appearance	Sept. 22, 1999	$ 500.00
Maryland Hispanic Bar, c/o Whiteford, Taylor & Preston, Balto., Md.	Speech	Oct. 14, 1999	$ 75.00

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Name BENJAMIN L. CARDIN

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset	Block C: Type of Income	Block D: Amount of Income	Block E: Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP, DC, JT — *Examples:* SP — Mega Corp Stock		X	X	X	P
SP — Simon & Schuster		Indefinite	Royalties	X	
1st Bank of Paducah, KY accounts		X	X	X	
Olin Corp. Common Stock		X	X	X	
Bristol Myers Squibb Co. Common Stock		X	X	X	P/S
Time Warner Common Stock		X	X	X	
BHC Com., Inc. Common Stock		X	X	X	
Niagara Mohawk Holding Co. Common Stock See Note 5		X	X	X	
Ascent Entertainment Group, Inc. Common Stock		X	X	X	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BENJAMIN L. CARDIN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	L	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Primex Tech., Inc. Common Stock			X										X								X										
JT	Smith Barney - Jt. Acc't. following assets:																															
	1. Prince Geo. Co., Md. Bond				X									No Income; Zero coupon																		
	2. Cash. Mang. Acc't.			X										X									X									
SP	Northeast Util. Common Stock													X								X										
	A.T.&T. Common Stock													X									X									
	Lucent Tech., Inc. Common Stock				X									X								X										
JT	Israel Bonds			X												X							X									
JT	Meyer M. Cardin Trust ~~See NOTE 1~~						X									X											X					P/S
	Venture BG Partnership ~~c/o Rita Abel, Pikesville, Md. - See NOTE 2~~													X					Net Inc. distrib.					X								
	Keough - A.B.A. Retirement Plan Benj. L. Cardin Retirement Plan															X				N/A		X										
SP	Deferred Comp. Plan					X														N/A												
SP	T.I.A.A. Cref Retirement Pension Plan			X																N/A												
TE 3	IRAs - Regal Bank & Trust; Owings Mills, Md. Assets include:																															
	1. Israel Bonds																			N/A												
	2. Money Market Funds			X																N/A												
	Cong. Credit Union			X												X						X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BENJAMIN L. CARDIN

Page 6 of 21

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1,000 – $15,000; C $15,001 – $50,000; D $50,001 – $100,000; E $100,001 – $250,000; F $250,001 – $500,000; G $500,001 – $1,000,000; H $1,000,001 – $5,000,000; I $5,000,001 – $25,000,000; J $25,000,001 – $50,000,000; K Over $50,000,000; L	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
	Benjamin L. Cardin Trust Settlor See NOTE 4	E X	DIVIDENDS X	II X	P/S
			INTEREST X	IV X	
JT	Michael A. Cardin Estate See NOTE 11		DIVIDENDS X	V X	
			INTEREST X	III X	
			CAPITAL GAINS X; Other Type of Income: See NOTE 12	VI X	
JT	Union Pacific Railroad Common Stock	B X	DIVIDENDS X	I X	NOTE 15
SP	Yankee Energy Common Stock	B X	DIVIDENDS X	II X	NOTE 13
	Warner Lambert Common Stock	B X	DIVIDENDS X	II X	NOTE 14
	Arch Chemical Common Stock	B X	DIVIDENDS X	II X	P
	Gillette Co. Common Stock	B X	DIVIDENDS X	II X	P
	AmeriGas Partners, LP	B X	DIVIDENDS X	III X	
JT	Dean Witter Acc't - Joint with spouse - includes following assets:				
	1. Colonial Util. Fund		DIVIDENDS X	III X	P
			CAPITAL GAINS X	IV X	
	2. Dean Witter Global Div. Growth Fund	E X	DIVIDENDS X	IV X	P
			CAPITAL GAINS X	V X	
	3. Putnam Global Growth Fund A see NOTE 6	E X	DIVIDENDS X	IV X	P
			CAPITAL GAINS X	V X	
	4. AIM Value Fund B	E X	DIVIDENDS X	IV X	P
			CAPITAL GAINS X	V X	
	5. Cash Management Acc't	B X	INTEREST X	III X	

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BENJAMIN L. CARDIN

Page 7 of 21

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1,000 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
JT	Dean Witter Acc't Joint Continued:																														
	6. Mid Atlantic Realty Trust			X										X								X									
	Dean Witter Acc't - Benj. L. Cardin - includes following assets:																														
	1. Wash. Sub. San. Bonds				X											X							X								P
	2. Howard Co., Md. Bond			X												X						X									P/S
																	X				X										
	3. U of Md. Bond			X												X								X							S
																	X					X									
	4. Md. Com. Dev. Bond	X														X						X									S
																	X					X									
	5. Anne Arundel Co., Md. Bond			X												X						X									
	6. Seligman Bond Fund				X											X								X							
																	X				X										
	7. Md. Tax Free Bond Fund 76				X									X		X					X			X							S
	8. Md. State Bond				X											X						X									P/S
																	X					X									
	9. Smith Barney Int. Munc. Bond Fund				X											X								X							
																	X				X										
	10. Eaton Vance Munc. Trust				X											X								X							P
																	X				X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BENJAMIN L. CARDIN

Page 8 of 21

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	11. Md. Inv. Quality Tax Exempt Trust Series 44			X												X							X									S
	12. Md. Tax Free Bond Trust 79			X												X							X									S
	13. Md. Tax Free Bond Trust 84				X											X								X								
	14. Nuveen Md. Prem. Munc. Fund				X											X								X								
	15. Tax Exempt Sec Trust 374 TR 32	X			X											X	X							X								S
	16. Delaware Group Div. & Inc. Fund				X												X					X		X								
	17. Putnam Funds for Growth & Inc. A & B see NOTE 7						X							X			X								X							P
	18. V.K. Am. Cap. Equity Fund A - see NOTE 8					X								X			X							X								P
	19. AIM Fund					X								X			X							X								P
	20. Cash Management Acc't				X									X			X							X								
	21. Colonial Util Trust Fund Class B TR IV					X								X			X						X									P
	22. Dean Witter Select Munc. Md. Fund			X												X							X									
	23. Md. D.O.T. Bond			X												X							X									
	24. Frederick Co., Md. Bond															X								X								
	25. Dean Witter American Opportunity Fund See NOTE 9					X								X		X								X								P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BENJAMIN L. CARDIN

Page 9 of 21

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1,000 – $15,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	26. Md. Health & Higher Ed. Bond			X												X	X					X	X									P/S
	27. Wash. Metro Bond			X												X					X											P
	28. Mid Cap Equity Fund					X											X						X									P

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SCHEDULE IV — TRANSACTIONS

Name BENJAMIN L. CARDIN

Page 10 of 21

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
	Bristol Myers Squibb Co., Common Stock	X			Quarterly NOTE 10	X									
	Bristol Myers Squibb Co., Common Stock		X		12-28-99		X								
	Arch Chemical Common Stock	Received from Olin Corp			2-1-99	X									
	Gillette Co., Common Stock	X			2-26-99	X									
	Warner Lambert Common Stock			X	6-28-99 NOTE 14										
JT	Colonial Util. Fund (Dean Witter)	X			12-16-99 NOTE 10	X									
JT	Dean Witter Global Div. Growth Fund (Dean Witter)			X	6-23-99 12-20-99 NOTE 10	X									
JT	Putnam Global Growth Fund A (Dean Witter)	X			12-23-99 NOTE 10	X									
JT	AIM Value Fund B (Dean Witter)	X			12-17-99 NOTE 10	X									
	Wash. Sub. San. Bond (Dean Witter)	X			9-29-99		X								
	Howard Co., Md. Bond (Dean Witter)	X			3-29-99	X									
	Howard Co., Md. Bond (Dean Witter)		X redeemed		1-4-99	X									
	U. of Md. Bonds (Dean Witter) (two bonds)		X matured & redeemed		10-1-99			X							
	Md. Com. Dev. Bond (Dean Witter)		X redeemed		4-1-99	X									

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SCHEDULE IV — TRANSACTIONS

Name BENJAMIN L. CARDIN

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
	Md. Tax Free Bond Fund 76 (Dean Witter)	return of principle			2-15-99 6-15-99 8-15-99	X									
	Md. State Bond (Dean Witter)	X			9-29-99		X								
	Md. State Bond (Dean Witter)		X redeemed		3-1-99		X								
	Eaton Vance Munc. Trust (Dean Witter)	X			Monthly NOTE 10	X									
	Md. Inv. Quality Tax Exempt Trust Series 44 (Dean Witter)	return of principle			7-25-99	X									
	Md. Tax Free Bond Trust 79 (Dean Witter)	return of principle			7-15-99 8-15-99	X									
	Tax Exempt Sec. Trust 374 TR 32 (Dean Witter)		X		6-21-99		X								
	Putnam Funds for Growth and Inc. A & B (Dean Witter)	X			12-15-99 NOTE 10	X									
	V.K. Am. Cap. Equity Fund A (Dean Witter)	X			12-13-99 NOTE 10	X									
	AIM Fund (Dean Witter)	X			12-15-99 NOTE 10	X									
	Colonial Util. Trust Fund Class B TR IV (Dean Witter)	X			Quarterly (except monthly Jan. - Mar. NOTE 10	X									
	Dean Witter Am. Opportunity Fund (Dean Witter)	X			3-16-99		X								
	Dean Witter Am. Opportunity Fund (Dean Witter)	X			6-23-99 12-16-99	X									
					NOTE 10										

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SCHEDULE IV — TRANSACTIONS

Name BENJAMIN L. CARDIN

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
	Md. Health & Higher Ed. Bond (Dean Witter)	X			9-29-99	X									
	Md. Health & Higher Ed. Bond (Dean Witter)		X Redeemed		7-1-99	X									
	Wash. Metro Bond (Dean Witter)	X			9-29-99	X									
	Mid Cap Equity Fund (Dean Witter)	X			11-5-99		X								
	For Reportable Transactions of Meyer M. Cardin Trust - see NOTE 1														
	For Reportable Transactions of Benjamin L. Cardin Trust - see NOTE 4														
	For Reportable Transactions of Assets received by inheritance from the Estate of Michael A. Cardin and subsequently sold - see NOTE 11														

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Name BENJAMIN L. CARDIN

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delewere	Mortgage on 123 Main St., Dover, Del.				X						
	See NOTE 2 for liabilities of Venture B.G.	Partnership										

SCHEDULE VI — GIFTS

N/A

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Commonwealth Fund; Harvard Univ.	Jan. 20 - 23	Balto.,Md. - Miami, Fla. - Balto., Md.	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	SEE ATTACHED SHEET

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
1-2-87 (retired)	Filer and the State of Maryland	As a "retiree" from State service, I receive pension benefits (reported Part I) and the right to participate in health insurance with the employer subsidizing some of the cost.

OPO 2000 82-753 (mac)

Use additional sheets if more space is required.

ETHICS IN GOVERNMENT ACT
FINANCIAL DISCLOSURE STATEMENT
BENJAMIN L. CARDIN
PART VIII POSITIONS
1999 (page 1)

POSITION	NAME OF ORGANIZATION
Trustee (term ended 6/30/99)	St. Mary's College, St. Mary's City, Md.
Board Member	Menorah Lodge #771; B'nai B'rith; Balto., Md.
Board of Visitors	University of Maryland Law School; Balto., Md.
Technical Review Committee	Md. Psychiatric Research Center; Balto., Md.
Board of Advisors	Balto. Zionist District; Balto., Md.
Member	President's Advisory Board; University of Md., Balto. Co.
Advisory Committee	Lawyer's Campaign Against Hunger; Balto., Md.
Partner	Partnerships listed in PARTS II & III (Venture BG and Green Properties including Warwick Associates - Green Properties including Warwick Associates sold Jan. 2, 1999)
Member	Chancellor's Advisory Council; University of Maryland System; College Park, Md.
Member	Md. Dept. of Business & Economic Development Day Care Financing Program Advisory Board; Balto., Md.
Board Member	Community Assistance Network; Dundalk, Md.
Board of Trustees	Baltimore Council on Foreign Affairs; Balto., Md.
Board Member	The Jewish Arbitration & Mediation Board; Balto., Md
Trustee	Irrevocable Trust created by Roger C. Lipitz; c/o Stan Klinefelter, Piper Rudick Attorneys, Balto.,Md.
Trustee	Irrevocable Trust created by Lawrence M. Katz; c/o Piper Rudick Attorneys, Balto., Md.

BENJAMIN L. CARDIN
PART VIII POSITIONS - 1999 (page 2)

Personal Representative	Estate of Michael A. Cardin; Balto., Md. - Estate closed 11/16/99
Trustee	Goucher College; Towson, Md.

ETHICS IN GOVERNMENT ACT
FINANCIAL DISCLOSURE STATEMENT
BENJAMIN L. CARDIN
NOTES - FOR 1999 (page 1)

1 A trust established by filer's father for the benefit of filer and spouse during their lifetime with remainderman interest to filer's children. The trust held the following reportable Assets and had the following reportable Transactions in 1999: (1) Federal Home Loan Notes, Value of Asset, Category "E" $50,001 - $100,000; Income - interest Category "v" $2501 - $5000; Transaction: S Return of Principal, monthly, Category "C" $15,001 - $50,000; (2) Fannie Mae Note, Value of Asset, Category "D" $15,001 - $50,000; Income - interest, Category "iv" $1001 - $2500; Transaction: S Return of Principal, monthly, Category "B" $1001 - $15,000; (3) FNG 95 Note, Value of Asset, Category "A" none; Income - interest, Category "ii" $1 - $200; Transaction: S pay off of note, monthly thru 7/17/99, Category "B" $1001 - $15,000; (4) Prince George's Co., Md. Bonds, Value of Asset, Category "D" $15,001 - $50,000; Income - interest, Category "iv" $1001 - $2500; (5) Baltimore, Md. Bonds, Value of Asset, Category "D" $15,001 - $50,000; Income - interest, Category "iii" $201 - $1000; (6) Baltimore County, Md. Bonds, Value of Asset, Category "E" $50,001 - $100,000; Income - interest, Category "v" $2501 - $5000;(7) Maryland State Higher Ed. and Health Bonds, Value of Asset, Category "E" $50,001 - $100,000; Income - interest, Category "v" $2501 - $5000; (8) Md. Stadium Bond, Value of Asset, Category "C" $1001 - $15,000; Income - interest, Category "iii" $201 - $1000; (9) Howard Co., Md. Bond, Value of Asset, Category "D" $15,001 - $50,000; Income - interest, Category "iii" $201 - $1000; (10) Washington Metro Area Transit Bond, Value of Asset, Category "D" $15,001 - $50,000; Income - interest, Category "iv" $1001 - $2500; (11) Md. State Bonds, Value of Asset, Category "D" $15,001 - $50,000; Income - interest, Category "iii" $210 - $1000; Transaction: P Purchase, 11/5/99, Category "C" $15,001 - $50,000; (12) Md. State Local Facilities Bond, Value of Asset, Category "D" $15,001 - $50,000; Income - interest, Category "iii" $201 - $1000; (13) Washington Co., Md. Bond, Value of Asset, Category "C" $1001 - $15,000; Income - interest, Category "iii" $201 - $1000; (14) Md. State Industrial Bond, Value of Asset, Category "D" $15,001 - $50,000; Income - interest, Category "iii" $201 - $1000; (15) Balto., Md. Wastewater Bond, Value of Asset, Category "D" $15,001 - $50,000; Income - interest, category "iv" $1001 - $2500; (16) University of Md. Bond, Value of Asset, Category "C" $1001 - $15,000; Income - interest, Category "iii" $201 - $1000; Transaction: P Purchase, 3/16/99, Category "C" $1001 - $15,000; (17) Md. State Community Dev. Bond, Value of Asset, Category "C" $1001 - $15,000; Income - interest, Category "iii" $201 - $1000; Transaction: P Purchase, 3/16/99, Category "C" $1001 - $15,000; and (18) U.S. Government Money Market Fund, Value of Asset, Category "D" $15,001 - $50,000; Income - interest, Category "iv" $1001 - $2500; Transaction: P/S cash management account for investments listed above.

BENJAMIN L. CARDIN
NOTES - FOR 1999 (page 2)

2 Venture BG is a partnership that holds the land at 3601 Washington Blvd., Balto., Md.. The property is leased to Nash Finch. The filer owns a 2% interest. The evaluation is based on negative capital account. If value was based on recent appraisal of assets less mortgage, Value of Asset would be Category "F" $100,001 - $250,000. Income reflected on Part III represents "net income" on K1 form (12 months reporting period ending 6/26/99) and "distributions" represents actual cash distributions received in 1999. The Asset of the partnership is as follows: 3601 Washington Blvd., Balto., Md., Value of Asset, Category "J" $5,000,001 - $25,000,000; Income - rent, Category "x" $1,000,001 - $5,000,000. The Liabilities of the partnership include GMAC Commercial Mortgage (acquired from Mellon Mortgage Co.), Horsham, Pa., mortgage on 3601 Washington Blvd., Balto., Md., Amount of Liability, Category "I" $5,000,001 - $25,000,000.

3 Includes IRAs for filer and spouse

4 A trust established by filer on June 29, 1990, for the benefit of spouse during her lifetime with remainderman interest to filer's children. The trust held the following reportable Assets and had the following reportable transactions in 1999: (1) a promissory note from B. Green & Co., Inc., Balto., Md., Category "E" $50,001 - $100,000; Income - interest, Category "iv" $1001 - $2500; Transaction: P note acquired from installment sale of Partnership interest in Green Properties, Jan. 2, 1999, Category "D" $50,001 - $100,000; S note payment of principal, 11/1/99 Category "C" $15,001 - $50,000; (2) Dean Witter Cash Management Account, Category "D" $15,001 - $50,000; Income - dividend, Category "ii" $1 - $200; Transaction: P Account opened, 11/16/99, Category "C" $15,001 - $50,000 and (3) Transaction: Partnership interest in Green Properties Partnership S sold Jan. 2, 1999, Category "D" $50,001 - $100,000. In addition the trust purchased life insurance in March, 1991.

5 Name change from Niagara Mohawk to Niagara Mohawk Holding 3/18/99.

6 Fund converted from B to A 12/27/99

7 Part of Funds converted from B to A 2/19/99 so now hold both A and B Funds

8 Fund converted from B to A 5/26/99

9 Name change from Dean Witter American Value Fund to Dean Witter American Opportunity Fund 11/28/99

10 Purchases made automatically through dividend and/or distribution reinvestment program with company

BENJAMIN L. CARDIN
NOTES - FOR 1999 (page 3)

11 Estate for filer's son who died on 3/24/98. The income distributions for 1999 where received from estate for taxable year ending 2/28/99. The filer and spouse where the heirs of the estate and received all of the net proceeds of the estate. The Final Account was approved 11/16/99. The following Assets were inherited from the estate in 1999 and sold by the filer and spouse in 1999 (therefore Value of Asset for each listed Asset is Category "A" - none): (1) Unocal Common Stock; Income - Capital Gains, category "iii" $201 - $1000; Transaction: S sale 6/18/99, Category "B" $1001 - $15,000; (2) BHC Common Stock, Transaction: S sale 6/16/99 Category "B" $1001 - $15,000; (3) BMC Common Stock, Transaction: S sale 6/16/99, Category "B" $1001 - $15,000; (4) Constellation Energy Common Stock (formerly B.G.& E.), Transaction: S sale 6/16/99, Category B $1001 - $15,000; (5) Laidlaw Inc. Common Stock (formerly Laidlaw Transportation), Transaction: S sale 6/18/99, less than $1000; (6) Sara Lee Common Stock, Transaction: S sale 6/16/99, Category "B" $1001 - $15,000; (7) Morgan Stanley Dean Witter Dividend Growth Fund, Income - Capital Gains, category "iii" $201 - $1000; Transaction: S sale 6/23/99, Category "B" $1001 - $15,000; (8) Morgan Stanley Dean Witter Global Dividend Growth Fund, Transaction: S sale 6/23/99, Category "B" $1001 - $15,000; (9) A.T. & T. Common Stock, Income - Capital Gains, Category "iv" $1001 - $2500; Transaction: S sale 6/18/99 and 7/2/99, Category "B" $1001 - $15,000; (10) Blackrock Fund, Transaction: S sale 6/18/99, Category "B" $1001 - $15,000; (11) Borg Warner Common Stock (formerly Kuhlman), Transaction: S sale 6/18/99, Category "B" $1001 - $15,000; (12) Browning Ferris Common Stock, Income - Capital Gains, Category "iii" $201 - $1000; Transaction: S sale 6/18/99, Category "B" $1001 - $15,000; (13) GTE Common Stock, Income - Capital Gains, Category "iv" $1001 - $2500; Transaction: S sale 6/18/99 and 7/16/99, Category "B" $1001 - $15,000; (14) Kimberly Clark Common Stock, Income - Capital Gains - Category "iii" $201 - $1000; Transaction: S sale 6/18/99, Category "C" $15,001 - $50,000; (15) Lucent Technologies Common Stock, Income - Capital Gains, Category "v" $2,501 - $5,000; Transaction: S sale 6/18/99 and 6/24/99, Category "B" $1001 - $15,000; (16) MCI Worldcom Common Stock (formerly MCI), Income - Capital Gains, Category "vi" $5,001 - $15,000; Transaction: S sale 6/18/99 and 6/23/99, Category "C" $15,001 - $50,000; (17) Niagara Mohawk Holding Common Stock (formerly Niagara Mohawk), Income - Capital Gains, Category "iii" $201 - $1000; Transaction: S sale 6/18/99, Category "B" $1001 - $15,000; (18) Union Pacific Common Stock, Income - Capital Gains, Category "iv" $1001 - $2500; Transaction: S sale 6/18/99, Category "B" $1001 - $15,000; and (19) Union Pacific Resource Common Stock, Transaction: S sale 6/18/99, Category "B" $1001 - $15,000. The following Assets was received from the estate and is currently owned jointly and is included in the separately listed Assets in Schedule III: Union Pacific Common Stock . In addition filer and spouse inherited from son (by operation of law) 50% interest in Unit 2404, Swiss Mountain Condominium, Seven Springs, Pa., Transaction: that property was S gifted 8/23/99, Category "C" $15,001 - $50,000 (therefore Value of Asset is Category "A" - none). There were three common stocks that were distributed on Jan. 4, 2000 and are therefore not listed in the 1999 Financial Disclosure Statements. Although those stocks

will be listed in the 2000 Financial Disclosure Statements, for informational purposes, those assets are(evaluation based on inventory evaluations of the estate): (1) Constellation Energy Common Stock (formerly B.G. & E.), Category "B" $1,001 - $15,000; (2) Warner Lambert Common Stock (formerly Agouron Pharm.), Category "B" $1001 - $15,000 and (3) Time Warner Common Stock, Category "B" $1001 - $15,000.

12 The Capital Gains amount reflects the net Capital Gains from all assets in the estate that were transfer to filer and spouse and sold in 1999. For individual listings see Note 11.

13 Reported since appreciated value now exceeds $1000

14 Acquired in a merger with Agouron Pharmaceutical Common Stock 6/28/99

15 Inherited from Estate of Michael A. Cardin

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RESOURCE CENTER
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(Office Use Only)

JULIA MAE CARSON
(Full Name)
2530 NORTH PARK AVE, INDIANAPOLIS, IN 46205
(Mailing Address)
Daytime Telephone
202-225-4011

Filer Status	[X] Member of the U.S. House of Representatives	State District	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Julia Carson	5-15-00

Name	Page 2 of 3
HON. JULIA CARSON	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	CUMMINS ENGINE CO, INC.	EMPLOYEE PENSION	1,252
	STATE OF INDIANA - LEGISLATOR'S RETIREMENT SYSTEM	LEGISLATIVE PENSION	5,894
	STATE OF INDIANA - PUBLIC EMPLOYEE'S RETIREMENT FUND	PUBLIC EMPLOYEES PENSION	4,560

For payments to charity in lieu of honoraria, use Schedule II.

Name Hon. JULIA CARSON | Page 3 of 3

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each* asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP Mega Corp Stock					X								X										X								P
	Examples: Simon & Schuster		Indefinite																	Royalties									X			
	Examples: 1st Bank of Paducah, KY accounts						X									X									X							
	KEYBANK			X												X							X									
	CUMMINS ENGINE Co			X										X								X										

For additional assets and unearned income, use next page.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Michael N. Castle
(Full Name)

2001 Kentmere Place
(Mailing Address)

Wilmington DE 19806
Daytime Telephone: 302 428-1902

MC HAND DELIVERED 20
(Office Use Only)

Filer Status	[ ] Member of the U.S. House of Representatives	State: DE District: 01	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependant child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL Michael N. Castle **DATE** (Month/Day/Year) 6/6/00

670

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude:** Your personal residence(s) (unless there rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC *Examples:* SP Mega Corp. Stock JT SP 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
14 George Street, Dewey Beach, DE NOTE: No net income due to offsetting expenses	$250.001 - $500.000	Rent	$15.001 - $50.000	NA
224A Justice Court, Washington, DC NOTE: No net income due to offsetting expenses	$50.001 - $100.000	Rent	$15.001 - $50.000	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Ninth Street Partnership, owning offices @ 300 - 322 W. Ninth Street, Wilmington, DE 26.67% interest (Partnership, Inc.) Gross rental income NOTE: No net income due to offsetting expenses	$100.001 - $250.000	Rent	$15.001 - $50.000	NA
Carlyle Real Estate LP XV Partnership Income	$1.001 - $15.000	Rent and capital gains	$2.501 - $5.000	NA
Brandywine Fund	$50.001 - $100.000	Dividends and Capital Gains	$15.001 - $50.000	P AND S
Vanguard Money Market Reserve Prime Portfolio	$50.001 - $100.000	Dividends	$2.501 - $5.000	P AND S
LiveOak General Money Market Fund (Account 1) replaced JMS Money Market	None	Dividends	$201 - $1.000	P AND S
Live Oak General Money Market Fund (Account 2) replaced JMS Money Market	$15.001 - $50.000	Dividends	$201 - $1.000	P AND S
Artisan International Fund	$15.001 - $50.000	Dividends and capital gains	None	P
American Century Benham Target 2010	$1.001 - $15.000	Dividends and Capital Gains	$201 - $1.000	P
American Century Benham Target 2015	$1.001 - $15.000	Dividends and Capital Gains	$201 - $1.000	P
American Century Benham Target 2000	$1.001 - $15.000	Dividends and Capital Gains	$201 - $1.000	P
Cohen & Steers Realty	$15.001 - $50.000	Dividends and Capital Gains	$1.001 - $2.500	P
Janus Overseas Fund	$50.001 - $100.000	Dividends and Capital Gains	$201 - $1.000	P
FBR Financial Services	$15.001 - $50.000	Dividends and Capital Gains	$201 - $1.000	P
Vanguard European Stock Index Fund	$15.001 - $50.000	Dividends and Capital Gains	$201 - $1.000	P
Vanguard Tax Managed Growth and Income Fund	$15.001 - $50.000	Dividends and Capital Gains	$1 - $200	P

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Vanguard Intermediate Term Tax Exempt Fund	$15.001 - $50.000	Dividends and Capital Gains	$1.001 - $2.500	P
Vanguard Special Health Care	$15.001 - $50.000	Dividends and Capital Gains	$1.001 - $2.500	P
Dodge and Cox Balance Fund	$50.001 - $100.000	Dividends and Capital Gains	$5.001 - $15.000	P
Schwab Cash Account	$1 - $1.000	Dividends	$1.001 - $2.500	P AND S
Marsico Focus Fund	$15.001 - $50.000	Dividends and Capital Gains	$1 - $200	P
Caldwell & Orkin Market Opportunity	$50.001 - $100.000	Dividends and Capital Gains	$2.501 - $5.000	P
Northern Technology Fund	$15.001 - $50.000	Dividends and Capital Gains	None	P
Weitz Partners Value Fund	$15.001 - $50.000	Dividends and Capital Gains	$1.001 - $2.500	P
DE General Obligation due 5/1/02 Zero Coupon	$1.001 - $15.000	None	None	
DE General Obligation due 5/1/03 Zero Coupon	$15.001 - $50.000	None	None	
DE General Obligation due 5/1/04 Zero Coupon	$1.001 - $15.000	None	None	
DE General Obligation due 5/1/05 Zero Coupon	$1.001 - $15.000	None	None	
DE EDA Hospital Revenue - Riverside Zero Coupon due 1/1/06	$1.001 - $15.000	Interest	$201 - $1.000	
PR Electric Power Due 7/1/01	$1.001 - $15.000	None	None	
PR Electric Power Due 7/1/99	None	None	None	S
PR Electric Power Due 7/1/00	$15.001 - $50.000	None	None	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	DE State Economic Development Authority Due 5/1/07	$1.001 - $15.000	Interest	$201 - $1.000	
	PR Electric Power Due 7/1/17 Zero Coupon	$1.001 - $15.000	None	None	
	ML Global Allocation D IRA	None	Dividends and Capital Gains	$1.001 - $2.500	S
	ML Growth Fund CL D IRA	$15.001 - $50.000	Dividends and Capital Gains	$201 - $1.000	P
	Merrill Lynch Retirement Reserve IRA	$50.001 - $100.000	Interest	$1.001 - $2.500	P AND S
	CD National City Bank IRA	$1.001 - $15.000	Interest	$201 - $1.000	
	Morgan Stanley Group IRA	$1.001 - $15.000	Interest	$201 - $1.000	
	Bankers Trust Zero Coupon Coupon DC IRA	$15.001 - $50.000	None	None	
	Chiron Corp Del IRA	None	None	None	S
	Hewlett Packard Co IRA	$15.001 - $50.000	Dividends	$1 - $200	
	Oracle Corp IRA	$50.001 - $100.000	None	None	
	BCE Inc. - stock IRA	$50.001 - $100.000	Dividends	$1.001 - $2.500	
	Intel Corp IRA	$50.001 - $100.000	Dividends	$1 - $200	
	America Online IRA	$15.001 - $50.000	None	None	P
	Lucent Technologies IRA	$1.001 - $15.000	Dividends	$1 - $200	P
	Pfizer Inc. IRA	$1.001 - $15.000	Dividends	$1 - $200	P
	Cisco Systems IRA	$15.001 - $50.000	None	None	P
	ICMA Retirement Annuity previously John Hancock Annuity	$15.001 - $50.000	Interest	$2.501 - $5.000	S

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Dreyfus Core Value Fund	$50.001 - $100.000	Dividends	$1 - $200	P AND S
	Windsor Fund	$50.001 - $100.000	None	None	S
	D. L. Babson Money Market Fund	$1.001 - $15.000	Interest	$201 - $1.000	P
	Babson - Stewart Ivory Inter Fund Inc.	$15.001 - $50.000	Capital Gains and Dividends	$1.001 - $2.500	P AND S
	Merrill Lynch Ready Asset Trust	$15.001 - $50.000	Interest	$201 - $1.000	P
	Vanguard MM Prime	None	Dividends	$201 - $1.000	P AND S
	ICMA Retirement Annuity	None	Dividends	$1.001 - $2.500	P AND S
	David L. Babson Growth Fund	$15.001 - $50.000	Dividends and interest	$1.001 - $2.500	P
	Vanguard Index Trust 500	$50.001 - $100.000	Dividends and Interest	$201 - $1.000	P
	Delaware Stable Value	$50.001 - $100.000	Dividends and interest	$1.001 - $2.500	P
	Fidelity Divers International	$15.001 - $50.000	Dividends and interest	$201 - $1.000	P
	Fidelity Equity Inc. II	$50.001 - $100.000	Dividends and interest	$201 - $1.000	P
	Manulife Financial Venture Vision Anouity	$100.001 - $250.000	None	None	NA
	T. Rowe Price Variable Annuity	$100.001 - $250.000	None	None	None
SP	Dean Witter Pacific Growth IRA	$1.001 - $15.000	Dividends	$1 - $200	None
SP	Dean Witter European Growth IRA	$1.001 - $15.000	Dividends and Capital Gains	$201 - $1.000	P
SP	Dean Witter American Opportunities IRA (renamed from Value)	$1.001 - $15.000	Capital Gains and Dividends	$201 - $1.000	P
SP	Dean Witter Dividend Growth IRA	$1.001 - $15.000	Capital Gains and Dividends	$201 - $1.000	P
SP	T. Rowe Price International Stock Fund	$1.001 - $15.000	Capital Gains and Dividends	$201 - $1.000	P

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	T. Rowe Price Growth and Income Fund	$15.001 - $50.000	Dividends	$1.001 - $2.500	P
SP	T. Rowe Price Stable Value FD Schedule A	$15.001 - $50.000	Dividends	$201 - $1.000	P
SP	T. Rowe Price New America Growth Fund	$1.001 - $15.000	Capital Gains and Dividends	$201 - $1.000	P
SP	T. Rowe Price New Horizons Fund	$1.001 - $15.000	Capital Gains and Dividends	$201 - $1.000	P
	U.S. Savings Bond, Series EE	None	Interest	$201 - $1.000	S
	Wilmington Trust Co. Cash Accounts	$1.001 - $15.000	Interest	$201 - $1.000	
	Trust U/A 8/25/41 M/B James M. Castle TR #1 11.11% Interest. Allocable share of trust income per K-1	Not applicable	Dividends	$2.501 - $5.000	
	Trust #1 M/B James M. Castle 11.11% interest - First Union PA Trust Money Market	$1.001 - $15.000	See K-1 income distribution above for James M. Castle TR#1	NA	
	Trust #1 M/B James M. Castle 11.11% interest Equity Fund - mutual fund	$15.001 - $50.000	See K-1 income distribution above for James M. Castle TR#1	NA	
	Trust #1 M/B James M. Castle 11.11% interest Evergreen Select Income Plus Fund	$1.001 - $15.000	See K-1 income distribution above for James M. Castle TR#1	NA	
	Trust U/A 1/21/53 M/B James M. Castle TR#3 11.11% interest. Allocable share of trust income per K-1	Not applicable	Dividends	$2.501 - $5.000	
	Trust #3 M/B James M. Castle 11.11% interest American Home Products - stock	$1.001 - $15.000	See K-1 income distribution above for James M. Castle TR#3	NA	
	Trust #3 M/B James M. Castle 11.11% interest Atlantic Richfield stock	$1.001 - $15.000	See K-1 income distribution above for James M. Castle TR#3	NA	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Trust #3 M/B James M. Castle 11.11% interest Bank of New York Inc. Com	$1.001 - $15.000	See K-1 income distribution above for James M. Castle TR#3	NA	
	Trust #3 M/B James M. Castle 11.11% interest Bristol Myers Squibb Co.	$1.001 - $15.000	See K-1 income distribution above for James M.Castle Trust #3	NA	
	Trust #3 M/B James M. Castle 11.11% interest in Chase Manhattan Corp.	$1.001 - $15.000	See K-1 income distribution above for James M.Castle Trust #3	NA	
	Trust #3 M/B James M. Castle 11.11% interest in Coca Cola Corp.	$1 - $1.000	See K-1 income distribution above for James M. Castle Trust #3	NA	
	Trust #3 M/B James M. Castle 11.11% interest in DuPont E. I. deNemours Co. stock	$1.001 - $15.000	See K-1 income distribution above for James M. Castle Trust #3	NA	
	Trust #3 M/B James M. Castle 11.11% interest in Eastman Kodak Co. stock	$1 - $1.000	See K-1 income distribution above for James M. Castle Trust #3	NA	
	Trust #3 M/B James M. Castle 11.11% interest in GTE Corp stock	$1.001 - $15.000	See K-1 income distribution above for James M. Castle Trust #3	NA	
	Trust #3 M/B James M. Castle 11.11% interest in Ford Motor Co. stock	$1.001 - $15.000	See K-1 income distribution above for James M. Castle Trust #3	NA	
	Trust #3 M/B James M. Castle 11.11% interest in General Electric Co. stock	$15.001 - $50.000	See K-1 income distribution above for James M. Castle Trust #3	NA	
	Trust #3 M/B James M. Castle 11.11% interest in Gillette Company stock	$1 - $1.000	See K-1 income distribution above for James M. Castle Trust #3	NA	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Trust #3 M/B James M. Castle 11.11% interest in Heinz HJ Company Stock	$1.001 - $15.000	See K-1 income distribution above for James M. Castle Trust #3	NA	
	Trust #3 M/B James M. Castle 11.11% interest in Johnson and Johnson stock	$1.001 - $15.000	See K-1 income distribution above for James M. Castle Trust #3	NA	
	Trust #3 M/B James M. Castle 11.11% interest in Hercules Inc. stock	$1.001 - $15.000	See K-1 income distribution above for James M. Castle Trust #3	NA	
	Trust #3 M/B James M. Castle 11.11% interest in Intel Corp. stock	$1.001 - $15.000	See K-1 income distribution above for James M. Castle Trust #3	NA	
	Trust #3 M/B James M. Castle 11.11% interest in Exxon Mobil Corp. stock (changed from Mobil Corp in '98 report due to merger)	$1.001 - $15.000	See K-1 income distribution above for James M. Castle Trust #3	NA	
	Trust#3 M/B James M. Castle 11.11% interest in J. C. Penney Co. stock	$1 - $1.000	See K-1 income distribution above for James M. Castle Trust #3	NA	
	Trust #3 M/B James M. Castle 11.11% interest in Motorola Inc. stock	$1.001 - $15.000	See K-1 income distribution above for James M. Castle Trust #3	NA	
	Trust #3 M/B James M. Castle 11.11% interest in Proctor & Gamble stock	$1 - $1.000	See K-1 income distribution above for James M. Castle Trust #3	NA	
	Trust #3 M/B James M. Castle 11.11% interest in El Paso Energy Corp. stock (changed from Sonat in '98 report due to merger)	$1.001 - $15.000	See K-1 income distribution above for James M. Castle TR #3	NA	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Trust #3 M/B James M. Castle 11.11% interest in SBC Communications Inc. stock	$1.001 - $15.000	See K-1 income distribution above for James M. Castle TR#3	NA	
	Trust #3 M/B James M. Castle 11.11% interest in US West Communications Group	$1.001 - $15.000	See K-1 income distribution aove for James M. Castle TR#3	NA	
	Trust #3 M/B James M. Castle 11.11% income Mellon Bank Corp stock	$1.001 - $15.000	See K-1 income distribution above for James M. Castle Trust #3	NA	
	Trust #3 M/B James M. Castle 11.11% interest - Evergreen Select Income Plus Fund - mutual fund	$1.001 - $15.000	See K-1 income distribution above for James M. Castle Trust #3	NA	P AND S
	Trust #3 M/B James M. Castle 11.11% interest - First Union PA Trust Money Market	$1.001 - $15.000	See K-1 income distribution above for James M. Castle Trust #3	NA	P AND S
	Irrevocable Trust DTD 8/27/68 M/B J. M. Castle, FBO M. N. Castle Allocable shares of trust income per K-1	Not applicable	Dividends	$2.501 - $5.000	
	Irrevocable Trust DTD M/B J. M. Castle, FBO M. N. Castle - CoreStates Trust MM (successor fund by acquisition - First Union PA Trust Money Market)	$1 - $1.000	See K-1 income distribution above for Irrevocable Trust DTD M/B J. M. Castle FBO M. N. Castle	NA	P AND S
	Irrevocable Trust DTD 8/27/68 M/B J. M. Castle FBO M. N. Castle Equity Fund - Mutual Fund	$100.001 - $250.000	See K-1 income distribution above for Irrevocable Trust DTD M/B James M. Castle FBO M. N. Castle	NA	
	Irrevocable Trust DTD 8/27/68 M/B J. M. Castle, FBO M. N. Castle DE Trust Municipal Bond Fund	$50.001 - $100.000	See K-1 income distribution above for Irrevocable Trust DTD M/B James M. Castle FBO M. N. Castle	NA	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Trust U/A 1/4/46 M/B James M. Castle TR#2 11.11% interest. Allocable shares of Trust income per K-1	Not applicable	Dividends	$1.001 - $2.500	
	Trust #2 M/B James M. Castle 11.11% interest - Corestates Trust Money Market (successor fund by acquisition is First Union PA Trust Money Market)	$1.001 - $15.000	See K-1 income distribution above for James M. Castle Trust #2	NA	
	Trust #2 M/B James M. Castle 11.11% interest Abbott Labs Com	$15.001 - $50.000	See K-1 income distribution above for James M. Castle Trust #2	NA	
	Trust #2 M/B James M. Castle 11.11% interest Evergreen Select Income Plus Fund	$1.001 - $15.000	See K-1 income distribution above for James M. Castle Trust #2	NA	P AND S
	Trust #2 M/B James M. Castle 11.11% interest (General Electric - previously owned by trust but not of value in excess of $1,001.	$1.001 - $15.000	See K-1 income distribution above for James M. Castle Trust #2	NA	
	Trust #2 M/B James M. Castle 11.11% interest Home Depot previously owned by trust but not of value in excess of $1,001.	$1.001 - $15.000	Seek K-1 Income distribution above for James M. Castle Trust #2	NA	
	Trust #2 M/B James M. Castle 11.11% interest Cisco Systems previously owned by trust but not of value in excess of $1,001.	$1.001 - $15.000	See K-1 income distribution above for James M. Castle Trust #2	NA	
	Trust #2 M/B James M. Castle 11.11% interest Hewlett Packard Co. previously owned by trust but not of value in excess of $1,001.	$1.001 - $15.000	See K-1 income distribution above for James M. Castle Trust #2	NA	
	Trust James M. Castle Jr. 8/27/68 Allocable share trust income per K-1 (Filer became beneficiary due to death of previous beneficiary in 1999.	N/A	Dividends	$5.001 - $15.000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	James M. Castle, Jr. Trust - Federated tax free TRSH Ben Int. FD#73	$1.001 - $15.000	See K-1 distribution above for James M. Castle, Jr. Trust	NA	
	James M. Castle, Jr. Trust - Delaware Trust Municipal Bond Fund	$100.001 - $250.000	See K-1 income distribution above for James M. Castle, Jr. Trust	NA	
	James M. Castle, Jr. Trust - DuPont Company	$15.001 - $50.000	See K-1 income distribution above for James M. Castle, Jr. Trust	NA	
	James M. Castle, Jr. Trust - General Electric Co.	$50.001 - $100.000	See K-1 income distribution above for James M. Castle, Jr. Trust	NA	
	James M. Castle, Jr. Trust - Colgate Palmolive Co.	$15.001 - $50.000	See K-1 income distribution above for James M. Castle, Jr. Trust	NA	
	James M. Castle, Jr. Trust - Abbott Labs	$15.001 - $50.000	See K-1 income distribution above for James M. Castle, Jr. Trust	NA	
	James M. Castle, Jr. Trust Smith Kline Beecham	$15.001 - $50.000	See K-1 income distribution above for James M. Castle, Jr. Trust	NA	
	James M. Castle, Jr. Trust Atlantic Richfield Co.	$1.001 - $15.000	See K-1 income distribution above for James M. Castle, Jr. Trust	NA	
	James M. Castle, Jr. Trust Texaco, Inc.	$1.001 - $15.000	See K-1 income distribution above for James M. Castle, Jr. Trust	NA	
	James M. Castle, Jr. Trust Alltel Corp.	$15.001 - $50.000	See K-1 income distribution above for James M. Castle, Jr. Trust	NA	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	James M. Castle, Jr. Trust Potomac Electric Power Co.	$1.001 - $15.000	See K-1 income distribution above for James M. Castle, Jr. Trust	NA	
	James M. Castle, Jr. Trust Western Res. Inc.	$1.001 - $15.000	See K-1 income distribution above for James M. Castle, Jr. Trust	NA	
	James M. Castle, Jr. Trust Cigna Corp	$15.001 - $50.000	See K-1 income distribution above for James M. Castle, Jr. Trust	NA	
	Amerisorce Health Corp.	$15.001 - $50.000	None	None	
	Weatherford Inter. (previously EVI, Inc.)	$15.001 - $50.000	None	None	
	Nortel Networks (previously Northern Telecon Ltd.	$15.001 - $50.000	Dividends	$201 - $1.000	Partial sale
	Prime Hospitality Corp.	$1.001 - $15.000	None	None	S
	Reading & Bates Corp.	$15.001 - $50.000	None	None	S
	TV Guide (previously United Video Satellite)	$100.001 - $250.000	None	None	
	Wolverine Worldwide	$1.001 - $15.000	Dividends	$1 - $200	S
	ATT Corp Liberty Media	$1.001 - $15.000	None	None	P
	American Home Products Corp	$1.001 - $15.000	(None for these shares)	None	P
	Amgen, Inc.	$15.001 - $50.000	Nooe	None	P
	GM CLH	$15.001 - $50.000	None	None	P
	MCI WorldCom	$1.001 - $15.000	None	None	P

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Qwest	$1.001 - $15.000	None	None	P
PE Corp Celera Genomics	$1.001 - $15.000	None	None	P
Sun Microsystems	$15.001 - $50.000	None	None	P
3 Com Corp	$15.001 - $50.000	None	None	P
State of Delaware Pension (entitled but not received)	None	None	None	NA

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Prime Hospitality Corp	Sold	1-11-99	$1,001 - $15,000
	R & B Falcon Corp.	Sold	1-11-99	$1,001 - $15,000
	Wolverine World Wide Inc.	Sold	1-11-99	$1,001 - $15,000
	Amgen Inc.	Purchase	1-11-99	$1,001 - $15,000
	MCI Worldcom Inc.	Purchase	1-11-99	$1,001 - $15,000
	General Motors Corp - CL H	Purchase	1-11-99	$1,001 - $15,000
	Sun Microsystems Inc.	Purchase	6-14-99	$1,001 - $15,000
	American Home Products Corp.	Purchase	6-14-99	$1,001 - $15,000
	America Online Inc. (IRA)	Purchase	6-14-99	$1,001 - $15,000
	Chiron Corp (IRA)	Sold	6-14-99	$1,001 - $15,000
	Cisco Systems Inc. (IRA)	Purchase	6-14-99	$1,001 - $15,000
	Lucent Technologies Inc. (ITRA)	Purchase	6-14-99	$1,001 - $15,000
	Pfizer Inc. (IRA)	Purchase	6-14-99	$1,001 - $15,000
	3 Com Corp	Purchase	7-29-99	$1,001 - $15,000
	ATT Corp. Liberty Media	Purchase	12-23-99	$1,001 - $15,000
	American Home Products	Purchase	12-23-99	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	PE Corp Celera	Purchase	12-23-99	$1,001 - $15,000
	Q West Communicaitons	Purchase	12-23-99	$1,001 - $15,000
	U.S. Savings Bonds, Series EE	Sold	8-25-99	$1,001 - $15,000
	Delaware Tr Fixed Inc. Fund (JMC Tr. #3)	Sold	6-25-99	$1,001 - $15,000
	Delaware Tr. Fixed Fund Inc. to Evergreen Select Income Plus Fund James M. Castle Tr. #1	Exchanee	6-28-99	$1,001 - $15,000
	Delaware Tr. Fixed Fund Income to Evergreen Select Income Plus Fund James M. Castle Trust #2	Exchanee	6-29-99	$1,001 - $15,000
	Delaware Tr. Fixed Fund Income to Evergreen Select Income Plus Fund James M. Castle Trust #3	Exchanee	6-28-99	$1,001 - $15,000
	Caldwell & Orkin Market Opportunity Fund	Purchase	1-11-99	$1,001 - $15,000
	Brandywine Fund	Sold	1-4-99	$15,001 - $50,000
	Merrill Lynch Global Allocation D (IRA)	Sold	6-14-99	$15,001 - $50,000
	Vanguard European Stock Index Fund	Purchase	1-12-99	$15,001 - $50,000
	Vanguard Tax Managed Growth & Inc. Fund	Purchase	1-19-99	$15,001 - $50,000
	T. Rowe Price Variable Annuity	Purchase	1-25-99	$1,001 - $15,000
	Marsico Focus Fund	Purchase	1-19-99	$15,001 - $50,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependant child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Weitz Partners Value Fund	Purchase	1-19-99	$15.001 - $50.000
	Artisan International Fund	Purchase	12-22-99	$15.001 - $50.000
	Northern Technology Fund	Purchase	12-27-99	$15.001 - $50.000
	PR Electric Power Authority	Sold	7-1-99	$15.001 - $50.000
	Merrill Lynch Ready Asset Trust	Sold	2-10-99	$15.001 - $50.000
	Vanguard Windsor	Sold	2-2-99	$50.001 - $100.000
	Dreyfus Prem. Core Value	Sold	2-10-99	$50.001 - $100.000
	Babson Money Market Fund - Fed.	Purchase	2-19-99	$15.001 - $50.000
	David L. Babson Growth Fund	Purchase	5-21-99	$15.001 - $50.000
	ICMA Retirement Corp. Group Annuity	Purchase	2-22-99	$15.001 - $50.000
	Vanguard Index Trust 500	Purchase	5-25-99	$50.001 - $100.000
	Vanguard Money Market Prime	Purchase	2-2-99	$50.001 - $100.000
	Dreyfus Core Value	Purchase	6-29-99	$50.001 - $100.000
	Vanguard Money Market Prime	Sold	5-5-99	$50.001 - $100.000
	ICMA Retirement Corp. Group Annuity	Sold	9-30-99	$50.001 - $100.000
	Dreyfus Premier Core Value - Inst.	Sold	9-30-99	$50.001 - $100.000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Babson Stewart Ivory Inter. Fund	Sold	9-30-99	$15,001 - $50,000
	Babson Money Market Fund	Sold	9-30-99	$1,001 - $15,000
	Delaware Stable Value	Purchase	9-30-99	$50,001 - $100,000
	Fidelity Divers International	Purchase	9-30-99	$15,001 - $50,000
	Fidelity Equity Income II	Purchase	9-30-99	$50,001 - $100,000
	Brandywine Fund	Purchase	10-27-99 and 12-21-99	$1,001 - $15,000
	Caldwell & Orkin Market Opportunity Fund	Purchase	11-9-99	$1,001 - $15,000
	Dodge & Cox Balanced Fund	Purchase	various dates	$1,001 - $15,000
	Vanguard Intermediate Term Tax Exempt Fund	Purchase	various dates	$1,001 - $15,000
	Vanguard Health Care Fund	Purchase	3-26-99 and 12-17-99	$1,001 - $15,000
	Cohen & Steers Realty	Purchase	various dates	$1,001 - $15,000
	Weitz Partners Value Fund	Purchase	7-1-99	$1,001 - $15,000
SP	T. Rowe Price Growth & Income Fund	Purchase	various dates	$1,001 - $15,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Wilmington Trust Company	26.67% of mortgage or 300 - 322 W. Ninth Street, Wilmington, DE	$100,001 - $250,000
	Wilmington Trust Company	224A Justice Court, Washington, DC	$50,001 - $100,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Aspen Institute conference on "Pathways to Adult Success for All Youth"	Feb. 12-15, 1999	Fri. 2/12 flew from Philadelphia to Tampa. Stayed in Tampa through 2/17 and drove to Naples then to Palm Beach on 2/19, to participate in a school forum with another Member of Congress and a Republican Mainstreet fundraiser. Returned to Philadephia 2/20	Y	Y	Y	2/16 - 2/20

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A

For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 12 PM 1:59
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(10)
MC HAND DELIVERED
(Office Use Only)

STEVEN J. CHABOT
(Full Name)

3014 HARRISON AVE.
CINCINNATI, OHIO 45211
(Mailing Address)

(513) 662-8000
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: OHIO District: FIRST	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Steven J. Chabot	5/2/00

690

Name STEVEN J CHABOT	Page ___ of ___

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Logislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule II.

Name STEVEN J CHABOT	Page ___ of ___

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$500
	NONE			

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Name STEVEN J CHABOT | Page ___ of ___

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples: SP Mega Corp Stock					X								X										X								P
DC	Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
	SEE NEXT 2 PAGES																															

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name STEVEN J CHABOT | Page ___ of ___

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	CGM MUTUAL FUND	X															X						X										
	FOUNDERS BLUE CHIP FUND				X									X			X							X									
	IVY INTERNATIONAL FUND	X															X								X								
	JANUS FUND				X									X			X								X								
	NEUBERGER + BERMAN GUARDIAN FD				X									X			X									X							
	SELECTED AMERICAN SHARES FD				X									X			X							X									
	AMERICAN CENTURY FUND				X									X			X								X								
	T. ROWE PRICE FUND	X															X								X								
	VANGUARD WELLINGTON FUND				X									X			X							X									
	CHARLES SCHWAB + CO.		X																		X												
	APPLEBEES COMMON STOCK			X										X								X											
	CINTAS " "			X										X								X											
	COCA COLA " "			X										X								X											
	CRACKER BARRELL " "		X											X								X											
	PEPSICO " "			X										X								X											
	TRICON " "		X																		X												
	DISNEY " "			X										X								X											
	WENDY'S " "			X										X								X											
	SARA LEE " "			X										X								X											
	INTERSTATE BAKERIES " "			X										X								X											
	GRADISON MONEY MARKET					X								X											X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name STEVEN J CHABOT Page ___ of ___

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	PNC BANK ACCOUNTS				X											X							X									
	CHEVIOT B+L CD'S				X											X								X								
	S/B BANK CD	X														X						X										
	STAR BANK (NOW FIRSTAR)			X												X						X										
	WESTWOOD HOMESTEAD S+L					X										X									X							
	BERGER 100 FUND IRA				X									X			X															
	COLUMBIA SPECIAL FD IRA				X									X			X															
	GATEWAY INDEX PLUS FD IRA				X									X			X															
	KAUFMANN FUND IRA				X									X			X															
	DEFERRED COMP FUND OHIO PUBLIC EMPLOYEES						X																									
	OHIO PERS					X																										
	MONTGOMERY EMER. FUND	X																			X											

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SCHEDULE IV — TRANSACTIONS

Name STEVEN J CHABOT | Page ___ of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10–12–99		X								
	T. ROWE PRICE FUND		X		2/1/99	X									
	IVY INTERNATIONAL FUND		X		2/1/99	X									
	CGM FUND		X		2/1/99	X									
	MONTGOMERY EMER. FUND		X		2/1/99	X									
	CHEVIOT B+L 2 CD'S		X		6/28/99	X									
	5/3 CD		X		5/3/99	X									
	COCA COLA COMMON STOCK	X			5/6/99	X									
	CINTAS COMMON STOCK	X			5/6/99	X									

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Name STEVEN J CHABOT | Page ___ of ___

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example. Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name STEVEN J CHABOT | Page ___ of ___

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
NONE							

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Name STEVEN J CHABOT	Page ___ of ___

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
DEC 85-94 PAID INTO	OHIO PUBLIC EMPLOYEES RETIREMENT SYSTEM (PERS)	UPON RETIREMENT
MAY 90-DEC PAID INTO 94	" " " DEFERRED COMP.	AT AGE 55

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

00 MAY 15 PM 4:58

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HAND DELIVERED

(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A

For use by Members, officers, and employees

Saxby Chambliss
(Full Name)

1019 Longworth Bldg
Wash. DC 20515
(Mailing Address)

202/225-6531
Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives	State: GEORGIA District: 8	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Saxby Chambliss	5-15-00

700

Name Chambliss | Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calender year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Colquitt County Board of Education	Sponse salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the Instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

			Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP,	Examples:	SP	Mega Corp. Stock					X								X										X							P
DC,			Simon & Schuster			Indefinite																Royalties									X		
JT			1st Bank of Paducah, KY accounts						X									X										X					
			SW GA FIN CORP				X									X									X								
			Kendallwood Crossing			X																			X								
			APEEC CORP STOCK			X																	X										
			CONG. FED. CREDIT UNION		X													X						X									

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Chambliss

Page 4 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	America Online	X			3-1-00	X									

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Name Chambliss | Page 5 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	American Banking Co. of GA	UNSECURED CONS. LOAN		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Chambliss | Page 6 of 7

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	National Council of Youth Sports	October 22-24	Albany GA - Colorado Springs Co - Albany GA	Y	Y	Y	N
	Dairy Farmers of America	October 15-17	Albany GA - Mobridge, South Dakota - Albany GA	Y	Y	N	N
	Southern Peanut Farmers Federation	July 25-26	Wash. DC - Panama City FL - Wash DC	Y	Y	Y	N
	Brown & Williamson Tobacco Corp.	April 30-May 2	Wash. DC - Louisville KY - Wash. DC	Y	Y	Y	N
	Georgia Beer Wholesalers Assn	June 25-27	WASH DC - San Diego CA - Albany GA	Y	Y	Y	N

This page may be copied if more space is required.

Name Chambliss | Page 7 of 7

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
DIRECTOR / officer	APEEC CORP.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 15 PM 3:17
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

(8)

HAND DELIVERED
(Office Use Only)

DONNA MARIE CHRISTIAN-CHRISTENSEN
(Full Name)
1711 LONGWORTH H.O.B.
WASHINGTON, D.C. 20515
(Mailing Address)
Daytime Telephone 225-1790

Filer Status	[X] Member of the U.S. House of Representatives	State VIRGIN ISLANDS District:	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [X]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Donna M. Christian	5-15-2000

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Armed Forces Retirement pension	Spouse	NA
	Survivor benefits	Spouse	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name DONNA M. C. CHRISTENSEN

Page 3 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$500
	NONE			

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Name: DONNA M. CHRISTIAN CHRISTENSEN

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E P, S, E
SP	Examples: Mega Corp. Stock					X								X										X								P
	Simon & Schuster		Indefinite																	Royalties									X			
	1st Bank of Paducah, KY accounts						X									X									X							
	102 RICHMOND OFFICE BLDG							X							X										X							
	6031 CHESTAVERDE - CONDO					X									X										X							

For additional assets and unearned income, use next page.

Name: DONNA M. CHRISTIAN CHRISTENSEN

Page 5 of 8

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	NONE														

This page may be copied if more space is required.

Name: DONNA M. CHRISTIAN CHRISTENSEN

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	VI COMMUNITY BANK	MORTGAGE – 107 RICHMOND				X						
	VI COMMUNITY BANK	BUSINESS LOAN		X								
	CHASE MANHATTAN BANK	MORTGAGE – CONDO			X							
	V.I. + U.S. GOVERNMENT	TAXES		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name: DONNA M. CHRISTIAN CHRISTENSEN | Page 7 of 8

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	CARIBBEAN BUS. CONF.	OCT 14-17, 99	WASH DC – VI – WASH DC	Y	Y	Y (spouse)	N
	MINORITY HEALTH PROFESSIONS FOUND	DEC 7-8, 99	WASH DC → VI – WASH DC	Y	Y	Y (spouse)	N
	NEW YORK DAILY NEWS	JAN 20, 99	WASH DC → NY – WASH DC	Y	Y	N	N
	COOK COUNTY PHYSICIANS ASSOC	OCT 14-15, 99	WASH DC → CHICAGO – WASH DC	Y	Y	N	N
	BALM IN GILEAD	OCT 8, 1999	WASH DC → ATLANTA – WASH DC	N	Y	N	N
	NAT. COMMISSION ON CORRECTIONAL HEALTH CARE	NOV 9-99	WASH DC – FT LAUDERDALE – WASH DC	N	Y	N	N
	CBC SOUTHEASTERN REG SUMMIT	JULY 23-24, 99	WASH DC – CHARLOTTE, SC – WASH DC	Y	Y	N	N

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Name	Page 8 of 8
DONNA M. CHRISTIAN CHRISTENSEN	

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
BOARD MEMBER	V.I. MEDICAL INSTITUTE – P.R.O.
PRESIDENT	DONNA GREEN, MD, PC

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more apace is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE INFORMATION CENTER
00 MAY 11 AM 8:58
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(14)

MC INSIDE MAIL
(Office Use Only)

William L. Clay
(Full Name)

14917 Claude Lane
Silver Spring, Maryland 20905
(Mailing Address)

(202) 225-2406
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: ____ District: ____	[ ] Officer or Employee	Employing Office ____
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date: ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[ ]	[X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearence, or article in the reporting period? **If yes, complete and attach Schedule II.**	[ ]	[X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	[X]	[ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[ ]	[X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	[X]	[ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[X]	[ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	[ ]	[X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	[ ]	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	W L Clay	5-9-00

Name	Page
William L. Clay	1 of 3

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	JUST PERMANENT INTEREST	Book Royalty	$5,024.00
	TO KILL OR NOT TO KILL	Book Roualty	$30.25

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$500

NONE

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Excluds: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	Block B: None (A)	$1 – $1,000 (B)	$1,001 – $15,000 (C)	$15,001 – $50,000 (D)	$50,001 – $100,000 (E)	$100,001 – $250,000 (F)	$250,001 – $500,000 (G)	$500,001 – $1,000,000 (H)	$1,000,001 – $5,000,000 (I)	$5,000,001 – $25,000,000 (J)	$25,000,001 – $50,000,000 (K)	Over $50,000,000 (L)	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: None (I)	$1 – $200 (II)	$201 – $1,000 (III)	$1,001 – $2,500 (IV)	$2,501 – $5,000 (V)	$5,001 – $15,000 (VI)	$15,001 – $50,000 (VII)	$50,001 – $100,000 (VIII)	$100,001 – $1,000,000 (IX)	$1,000,001 – $5,000,000 (X)	Over $5,000,000 (XI)	Block E: P, S, E
SP	Examples: Mega Corp. Stock					X								X										X								P
DC	Examples: Simon & Schuster		Indefinite																	Royalties									X			
JT	Examples: 1st Bank of Paducah, KY accounts						X									X																
	Certificate of Deposit Cong. Credit Union			X												X						X										
	" "			X												X						X										
	" "			X												X						X										
	" "			X												X							X									
	" "			X												X							X									
	" "			X												X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name WILLIAM L. CLAY

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Cong. Credit Union(CD				X											X							X									
	Cong. Credit Union(CD			X												X						X										
	Cong. Credit Union(CD			X												X						X										
	Cong. Credit Union(CD			X												X						X										
	Cong. Credit Union(CD)			X												X						X										
	Cong. Credit Union(SAV				X											X								X								
	Pulaski Sav. & Loan(CD			X												X							X									
	Sandy Springs Bank(SAV)				X											X								X								
	Sandy Springs Bank(CD)				X											X								X								
	A.G. Edwards			X										X									X									
	A.G. Edwards			X										X									X									
	American Express			X										X								X										
	Ameren		X											X							X											
	Ameren			X										X								X										
	Ameren			X										X								X										
	Anheuser Busch				X									X										X								
	Anheruser Busgh				X									X										X								
	Anheuser Busch			X										X										X								
	AT&T			X										X								X										
	Browning-Ferris, INC		X											X								X										
	BF Goodrich			X									X									X										
	Bio Pharam			X									X									X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name WILLIAM L. CLAY

SP, OC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Maryland Comm. Dev.			X										X								X										P
	Jacob Engineer			X										X							X											P
	Midas			X										X								X										P
	Checkers		X											X							XX											spinoff
	Parker Drill			X										X							X											P
	Amgen			X										X							X											split
	AT&T			X										X								X										
	Lucent		X											X							X											split
	NCR		X											X							X											S
	Xerox		X											X							X											
	Compact Computer			X										X								X										
	Compaq			X										X								X										
	CBMI			X										X								X										
	Comcast			X										X								X										
	Centennial Money Mart			X										X								X										
	Dave & Buster		X											X							X											
	Dial		X											X								X										
	Earthgrains		X											X								X										
	Earthgrains		X											X								X										
	Earthgrains		X											X								X										
	Earthgrains		X											X								X										
	Edison Brothers		X											X								X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name WILLIAM L. CLAY

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Global Marine			X										X								X										
	Heiligic-Myers			X										X								X										
	Home Depot			X										X								X										
	I.C.Whitman			X										X								X										
	Insituform Mid-Am,			X										X								X										
	Insituform Mid-AM.			X										X								X										
	Johnson & Johnson			X										X								X										
	Johnson & Johnson			X										X								X										
	Johnson & Johnson			X										X								X										
	Jones Medical, Inc.			X										X								X										
	Data Broadcast		X											X							X											
	Jones Medical				X									X								X										
	Jones Medical			X										X								X										
	Jones Medical			X										X								X										
	Jones Medical			X										X								X										
	Laclede Gas			X										X								X										
	Laclede Gas			X										X								X										
	Lehman Bros Holdings			X										X								X										
	Laser Vision				X									X								X										
	Loral Space & Com			X										X								X										
	Lucent Tech			X										X								X										
	Lucent Tech			X										X								X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name WILLIAM L. CLAY

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	Lucent Tech		X											X								X										
	Midas			X										X								X										S
	Parker Drilling			X										X								X										
	Pepsico			X										X								X										
	Precision Auto			X										X								X										
	Precision AUro			X										X								X										
	Monsanto Chemical			X										X								X										
	Rally's Hamburger			X										X								X										
	(SBC)Southwestern Bell		X											X									X									
	Southwestern Bell(SBC)		X											X									X									
	Southwestern Bell			X										X								X										
	Southwestern Bell			X										X								X										
	Southwestern Bell			X										X								X										
	Solutia			X										X								X										
	Solutia			X										X								X										
	Union Electric			X										X								X										
	Union Electric			X										X								X										
	UNUM				X									X										X								
	URS			X										X								X										
	Xerox		X											X								X										
	Xerox			X										X								X										
	Anne Arundel Md. Gen.			X												X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name WILLIAM L. CLAY

Page 8 of 13

SP. OC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Baltimore Md. Certi. of Partnership			X												X							X									
	Bd. Of ED. St. Lo.			X												X							X									
	Insured Municpal Inco.			X												X							X									
	John Hopkins			X												X							X									
	Kansas City Sch. Dst.			X												X							X									
	Md. State Health			X												X							X									
	Bethesda Eye			X												X							X									
	Miss. State Highway															X							X									
	Mo. Heartland AMBAC			X												X							X									
	Mo. Health(Jewi/Barns			X												X							X									
	Mo.State(Barn/Jew/Chri				X											X								X								
	Mo. State Fourth Est.			X												X							X									
	Baltimore Cert. Partn.			X												X							X									
	Mo. State Children Hos.			X												X							X									
	Puerto Rico Highway			X												X							X									
	St. Charles Water			X												X							X									
	St. Louis Airport			X												X							X									
	St. Louis Convention			X												X							X									
	St. Louis Police				X											X								X								
	St. Louis Parking		X													X							X									
	St. Lo. Municipal Fin		X													X							X									
	St.Lo. University		X													X							X									
	St. Lo. County Gen.				X											X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name WILLIAM L. CLAY

Page 9 of 13

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	Southeast Mo. Correct			X												X							X									
	Tacoma Park Medical			X												X							X									
	VIAD			X										X								X										

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: a $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
	Maryland Community DEV. (HSG)	X			6/10/99	X									
	Amgen	(2 for 1 split)			2/6/99	X									
	AT&T	(3 for 2 split)			4/15/99	X									
	Checkers			X	9/16/99	X									
	Jacobs Engineer	X			6/15/99	X									
	Laser Vision		X		6/1/99		X								
	Laser Vision		X		6/30/99	X									
	Lucent	(2 for 1 split)			4/1/99	X									
	Midas	X			6/1/99	X									
	NCR		X		6/24/99	X									
	Parker Drill	X			5/20/99	X									
	Xerox	(2 for 1 split)			2/4/99	X									

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Name WILLIAM L. CLAY

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Countrywide Home Loan	98 White Horse Dr.			X							
		Berlin, MD.										

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be edded towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Sallie Mae	5/13/99	Washington, D.C. to Panama City, Fla.	Y	Y	Y-Wife	N
		5/16/99	Back to Washington, DC				

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Congressional Black Caucus Foundation (CBCF)
Trustee	Tougaloo College - Emeritus
Trustee	Antioch College

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 18 PM 12:59

FILED IN THE OFFICE OF THE CLERK HOUSE OF REPRESENTATIVES
MAY 15 2000 MC
(Office Use Only)

(3)

EVA M. CLAYTON
(Full Name)

59 RIVER ROAD
(Mailing Address)

LITTLETON, NC 27850

Daytime Telephone
(202) 225-3101

Filer Status	[X] Member of the U.S. House of Representatives	State: District:	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Eva M. Clayton	5/15/2000

Name EVA M. CLAYTON	Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	THEAOSEUS T. CLAYTON, P.A.	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name EVA M. CLAYTON

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples: Maga Corp. Stock					X								X										X							P
	Simon & Schuster		Indefinite																	Royalties									X		
	1st Bank of Paducah, KY accounts						X									X										X					
	BB&T, Warrenton, NC			x												x							x								

For additional assets and unearned income, use next page.

Name	EVA M. CLAYTON	Page 4 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
SP	First Citizens Bank, Warrenton, NC	Mortgage on 307 W Franklin Street, Warrenton, NC Property		x								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	THE ASPEN INSTITUTE	Mar. 29	Raleigh NC - Detroit MI; Detroit MI - Beijing, China	Y	Y	Y	N
		Apr. 5	Shanghai, China - Tokyo, Japan; Tokyo, Japan - Detroit, MI; Detroit, MI - Raleigh, NC				
	THE ASPEN INSTITUTE	Aug. 16	Raleigh NC - Berlin, Germany; Berlin, Germany - Raleigh NC	Y	Y	Y	N
		Aug. 21					

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EVA M. CLAYTON
1ST DISTRICT, NORTH CAROLINA

COMMITTEES
AGRICULTURE
SUBCOMMITTEES:
DEPARTMENT OPERATIONS, OVERSIGHT, NUTRITION, AND FORESTRY
RANKING MEMBER
GENERAL FARM COMMODITIES, RESOURCE CONSERVATION, AND CREDIT

BUDGET

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House of Representatives
Washington, DC 20515–3301

OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

May 25, 2000

INSIDE MAIL

(2)

MC

Legislative Resource Center
B-106
Cannon House Office Building
Washington, DC 20515

Dear Sir/Madam:

Please find enclosed four copies of Amended Schedule III (Page 3) to include property inadvertently omitted in my Financial Disclosure Statement for Calendar Year 1999.

Very truly yours,

Eva M. Clayton

Eva M. Clayton

EMC:pth
Enclosures

DISTRICT OFFICE:
WARREN CORNERS SHOPPING CENTER
ROUTE 1, SUITE 7
POST OFFICE BOX 670
NORLINA, NC 27563
(252) 456-4000
FAX: (252) 456-2611

DISTRICT OFFICE:
400 MARTIN LUTHER KING, JR. DRIVE
SUITE 106
GREENVILLE, NC 27834
(252) 758-8800
1-800-274-8672
FAX: (252) 758-1021

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Name EVA M. CLAYTON Page 3 of 5

AMENDED

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B	Block C	Block D	Block E
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP, DC, JT *Examples* SP	Mega Corp. Stock	E: X	DIVIDENDS: X	IV: X	P
	Simon & Schuster	Indefinite	Other Type of Income: Royalties	IX: X	
	1st Bank of Paducah, KY accounts	F: X	INTEREST: X	VI: X	
	BB&T, Warrenton, NC	C: X	INTEREST: X	III: X	
JT	307 W. Franklin St. Warrenton, NC	D: X		I: X	

For additional assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only) (461)

ROBERT (BOB) N. CLEMENT
(Full Name)

2229 RAYBURN BUILDING
(Mailing Address)

WASHINGTON, DC 20515

Daytime Telephone (202) 225-4311

Filer Status	[X] Member of the U.S. House of Representatives	State: TN District: 5	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? If yes, complete and attach Schedule VII.	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Robert (Bob) N. Clement	May 14, 2000

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B												Block C							Block D											Block E
			A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples:	SP	Mega Corp. Stock				X								X										X								P
			Simon & Schuster	Indefinite																	Royalties								X				
			1st Bank of Paducah, KY accounts					X									X									X							
	Dickson Financial Corp Stock, Dickson, TN						X								X										X								
	Rental Property, 4420 East Brookfield, Nashville, TN								X							X										X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT (BOB) N. CLEMENT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	RSC Inv Real Estate Holdings, Hwy 46, Dickson, TN, 18% * partnership interest						X								X	X	X					X		X				X				
	Forrest Hills Development Real Estate held for Invest, Hwy 70, Dickson, TN: 13 1/3 % partnership interest *			X												X	X						X			X						
	Maybelle G. Clement Invest, Dickson, TN; 2/9 partnership int. *		X												X		X					X		X								
	Franklin Nat'l Bank Stock, Franklin, TN					X															X											
	First American Savings Acct., Nashville, TN			X												X						X										
	Teachers Ins & Annuity Assn. College Retirement Fund: Regular/Supplemental						X											N.A.									N	A				

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*Percentages increased over last year due to inheritance of deceased brother's share.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT (BOB) N. CLEMENT

Page 4 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P S E
	State of TN Retirement				X														N	A.								N	A.			
	Normandy Chateau, Residential Rental Apts., 1506 Highland Dr., Knoxville, TN, 6.6% partnership interest	X																														S
	Ridgeview Apts., Residential Rental, Rt. 2 Jefferson City, TN; 25 % partnership interest				X										X	X											X					
	IRA's - Merrill Lynch		(See attached Schedule 1, pages 1-27: Schedule 2, pages 1-45)																													
SP	IRA's - Merrill Lynch		(See attached: Schedule 3, page 1-16)																													
DC	IRA's - Merrill Lynch		(See attached: Schedule 4, pages 1-116: Schedule 5, pages 1-121)																													
	Wright Patman Credit Union, Washington, DC					X										X									X							
	Health Care Products Nashville, TN invest			X																	X											

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME
Continuation Sheet (if needed)

Name ROBERT (BOB) N. CLEMENT

Page 5 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
DC	Prudential Equity Income Fund Class A			X										X								X									
	Premier BAnk, Brentwood, TN Common Stock			X																	X										
	American General Common Stock	X															X									X					S
SP	Meager Means Investment Club, Arlinton, VA 4.76% interest			X										X		X						Y									
	Plymouth Haven Church Bonds			X												X							X								
	Rental Property 11212 Front Beach Rd Windward #601 Panama City, FL						X								X											X					
	Note Receivable O.J. Gonzales					X										Y									X						

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME
Continuation Sheet (if needed)

Name ROBERT (BOB) N. CLEMENT

Page 6 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	First Union Bank			X												X						X										
	Bank of Nashville Nashville, TN			X												X							X									
	J.C. Bradford Money Market Fund	X																					X									S
	Vanguard Securities Fund - GNMA & pMMF							X						X													X					S
	Franklin Financial Securities/LM Financial Partners	(See attached: Schedule 6, pages 1-40)																														
SP	Franklin Financial Securities/LM Financial	(See attached: Schedule 7, pages 1-23: Schedule 8, pages 1-27)																														
	Wilson Bank & Trust					X								X																		

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME
Continuation Sheet (if needed)

Name ROBERT (BOB) N. CLEMENT

Page 7 of 10

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Note Receivable - Normandy Chateau/Steve Hall - 2nd mortgage					X															X											P

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Name ROBERT (BOB) N. CLEMENT

Page 8 of 10

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
	Franklin Financial Securities/LM	(See attached Schedules			6, 7, and 8)										
	Merrill Lynch (See attached Schedules	1, 2, 3, 4,			5)										
	J.C. Bradford (See attached Schedule.	9)													
	Note Receivable-Normandy Chateau/Steve Hall - 2nd mortgage	X			05/22/99			X							
	Vanguard Securities Fund		X		01/15/99		X								
	Vanguard Securities Fund		X		04/30/99				X						
	Vanguard Securities Fund		X		08/25/99			X							
DC	Prudential Equity Income Fund:Class A	(See Attached Schedule 10)													

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Burlington Northern Santa Fe Railway	Jan 7-10	Wash-L.A.-Lamy,N.M-Santa Fe,N.M-Albuquerque-Phoenix	Y	Y	Y	N
	Association of American Railroads	Jan 10-12	Phoeniz-Washington,DC	Y	Y	Y	N
	Aspen Institute	Mar 19-21	Washington, DC-Hershey PA	Y	Y	Y	Y

This page may be copied if more space is required.

Name	ROBERT (BOB) N. CLEMENT	Page 10 of 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Ridgeview Apartments
Partner	RSC Investments
Partner	Forrest Hills Development
Partner	Maybelle C. Clement Investments
Board Member	Board of Trust, Cumberland University

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

Prudential Securities, Inc.
200 Fourth Avenue, North
Nashville, TN 37219

Schedule 10
P. 1

DATE: 5/11/00

National Phone Number
(800) 621-3245

Facsimile Number
(615) 254-4032

To: Carolyn Waugh

Attn:

Recipient's Fax: No.: (202) 226-8734

No. of Pages 7

From:

☐ **David W. Bradley**
Senior Vice President-Investments
(615) 742-0530

☐ **Paul Allen**
Financial Advisor
(615) 742-0156

☐ **Cathy Akin**
Client Services
(615) 742-0555

☐ **Jason Fitz**
Registered Sales Asst.
(615) 742-0542

☐ **Tate Lamastus**
Registered Sales Asst.
(615) 742-0540

Dear Carolyn -
As the Congressman requested. Enclosed you will find the August 1999 statements for Brooke & Elizabeth explaining the transactions in each account. Call me w/ questions. Regards,
Paul

TO BE COUNTERSIGNED

INFORMATION CONTAINED HEREIN IS BASED ON DATA OBTAINED FROM RECOGNIZED STATISTICAL SERVICES, ISSUER REPORTS OR COMMUNICATIONS, OR OTHER SOURCES, BELIEVED TO BE RELIABLE. HOWEVER, WE HAVE NOT VERIFIED SUCH INFORMATION, AND WE DO NOT MAKE ANY REPRESENTATION AS TO ITS ACCURACY OR COMPLETENESS.

Schedule 10 P.2

Input: TOP MENU DN T08 ONK 091988 027 PAGE 1 OF 2
FA# 027 CLIENT STATEMENT-SECURITIES ACCOUNT FOR PERIOD: Jul 1 - Aug 31, 1999
ROBERT N CLEMENT CUST MARY ELIZABETH CLEMENT UNIF GIFT MIN ACT VA

T O T A L A C C T N E T W O R T H	OPENING	CLOSING
PRICED SECURITIES VALUE	$2,804.13	$4,872.41
MONEY MARKET FUNDS	$118.00	$3.00
CASH BALANCE	$.18	$.85
TOTAL NET WORTH	$2,922.31	$4,876.26

I N C O M E & D I S T	THIS PERIOD	YEAR TO DATE
MONEY FUND DIVIDENDS	$3.63	$5.63
DIVIDENDS	$.00	$20.83
TOTAL INCOME	$3.63	$26.46

F12 New STMT

INFORMATION CONTAINED ON THIS PAGE IS BELIEVED TO BE RELIABLE. IT HAS NOT BEEN VERIFIED FOR ACCURACY OR COMPLETENESS BY PRUDENTIAL SECURITIES INCORPORATED OR ANY OF ITS EMPLOYEES.

Schedule 10
P.3

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Input:                                UP  MENU  DN  T08 ONK 091988 027 PAGE 1 OF 2
FA# 027 CLIENT STATEMENT-SECURITIES ACCOUNT   FOR PERIOD: Jul  1 - Aug 31, 1999
ROBERT N CLEMENT CUST          MARY ELIZABETH CLEMENT     UNIF GIFT MIN ACT VA
P O R T F O L I O   D E T A I L
..SYMBOL..........QUANTITY......CURR.PRICE.........CURR.VALUE......ACCRUED INT.
............CURR.YLD...............EST.INCOME......COMMENTS...................
NATIONAL EQUITY TRUST UNIT LOW          FIVE PORT SER 26 QUARTERLY PAYMENT
BOOK ENTRY ONLY
                 4,869              1.0007            $4,872.41
             2.80%                   $136.00
.......................................................................................
PRICED SECURITIES VALUE              $136.00          $4,872.41
.......................................................................................
...............................TOP OF PAGE   2.........................................
PRUDENTIAL MONEYMART ASSETS FUND
                     3              1.000                 $3.00
             4.64%                                 7-Day Yield
.......................................................................................
MONEY MARKET FUNDS                                         $3.00
.......................................................................................


  F12  New STMT
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INFORMATION CONTAINED ON THIS PAGE IS BELIEVED TO BE RELIABLE. IT HAS NOT BEEN VERIFIED FOR ACCURACY OR COMPLETENESS BY PRUDENTIAL SECURITIES INCORPORATED OR ANY OF ITS EMPLOYEES.

Schedule 10
P.4

Input: UP MENU DN T08 ONK 091988 027 PAGE 2 OF 2
FA# 027 CLIENT STATEMENT-SECURITIES ACCOUNT FOR PERIOD: Jul 1 - Aug 31, 1999
ROBERT N CLEMENT CUST MARY ELIZABETH CLEMENT UNIF GIFT MIN ACT VA
A C C O U N T A C T I V I T Y

DESCRIPTION	DATE	TRAN	QUANTITY	PRICE/COMMENTS	AMOUNT
** ACCOUNT ACTIVITY					
PRUDENTIAL EQUITY INCOME FUND:CLASS A	08/09	So	-135.139	19.52	$2,637.91-
PRU MONEYMART ASSETS AUTO SUBSCRIPTION	08/10	Pu	2,638	1.00	$2,638.00
FUNDS RECEIVED	08/16	Cr			$2,244.00-
NATIONAL EQUITY TRUST UNIT LOW FIVE PORT SER 26 QUARTERLY PAYMENT PRC:1.02688 DEFERRED SALES CHG $.0175/UT	08/19	Pu	4,869		$4,999.87
PRU MONEYMART ASSETS AUTO REDEMPTION	08/19	So	-2,756	1.00	$2,756.00-
PRU MONEYMART ASSETS DIV 07/26 - 08/19	08/20	Di		Money Fund	$3.63-
PRUDENTIAL MONEYMART ASSETS FUND AUTO SUBSCRIPTION	08/31	Pu	3	1.00	$3.00

F12 New STMT

NFORMATION CONTAINED ON THIS PAGE IS BELIEVED TO BE RELIABLE. IT HAS NOT
EEN VERIFIED FOR ACCURACY OR COMPLETENESS BY PRUDENTIAL SECURITIES
NCORPORATED OR ANY OF ITS EMPLOYEES.

Schedule 16
P.5

Input: UP MENU DN T08 0NK 091996 027 PAGE 1 OF 2
FA# 027 CLIENT STATEMENT-SECURITIES ACCOUNT FOR PERIOD: Jul 1 - Aug 31, 1999
ROBERT N CLEMENT CUST RACHEL C CLEMENT UNIF GIFT MIN ACT VA

T O T A L A C C T N E T W O R T H	OPENING	CLOSING
PRICED SECURITIES VALUE	$3,175.79	$4,872.41
MONEY MARKET FUNDS	$360.00	$5.00
CASH BALANCE	$.21	$.53
TOTAL NET WORTH	$3,536.00	$4,877.94

I N C O M E & D I S T	THIS PERIOD	YEAR TO DATE
MONEY FUND DIVIDENDS	$5.65	$13.65
DIVIDENDS	$.00	$23.59
TOTAL INCOME	$5.65	$37.24

F12 New STMT

INFORMATION CONTAINED ON THIS PAGE IS BELIEVED TO BE RELIABLE. IT HAS NOT BEEN VERIFIED FOR ACCURACY OR COMPLETENESS BY PRUDENTIAL SECURITIES INCORPORATED OR ANY OF ITS EMPLOYEES.

Schedule P.6

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Input:                                UP  MENU  DN  T08 0NK 091996 027 PAGE 1 OF 2
FA# 027 CLIENT STATEMENT-SECURITIES ACCOUNT   FOR PERIOD: Jul  1 - Aug 31, 1999
ROBERT N CLEMENT CUST          RACHEL C CLEMENT            UNIF GIFT MIN ACT VA
P O R T F O L I O   D E T A I L
..SYMBOL..........QUANTITY......CURR.PRICE.........CURR.VALUE......ACCRUED INT.
............CURR.YLD...............EST.INCOME......COMMENTS...................
NATIONAL EQUITY TRUST UNIT LOW          FIVE PORT SER 26 QUARTERLY PAYMENT
BOOK ENTRY ONLY
                 4,869              1.0007            $4,872.41
             2.80%                   $136.00
.......................................................................................
PRICED SECURITIES VALUE              $136.00         $4,872.41
.......................................................................................
...............................TOP OF PAGE   2.................................
PRUDENTIAL MONEYMART ASSETS FUND
                     5              1.000                $5.00
             4.64%                              7-Day Yield
.......................................................................................
MONEY MARKET FUNDS                                      $5.00
.......................................................................................
```

F12 New STMT

INFORMATION CONTAINED ON THIS PAGE IS BELIEVED TO BE RELIABLE. IT HAS NOT BEEN VERIFIED FOR ACCURACY OR COMPLETENESS BY PRUDENTIAL SECURITIES INCORPORATED OR ANY OF ITS EMPLOYEES.

Schedule 10 P.7

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Input:                                UP  MENU  DN  T08 ONK 091996 027 PAGE 2 OF 2
FA# 027 CLIENT STATEMENT-SECURITIES ACCOUNT   FOR PERIOD: Jul  1 - Aug 31, 1999
ROBERT N CLEMENT CUST          RACHEL C CLEMENT            UNIF GIFT MIN ACT VA
A C C O U N T   A C T I V I T Y
DESCRIPTION............DATE.TRAN.......QUANTITY.....PRICE/COMMENTS......AMOUNT.
** ACCUM ACCOUNT ACTIVITY
PRU MONEYMART DIV REINV 07/26 Di            1          Money Fund
    06/24 - 07/25
.......................................................................
** ACCOUNT ACTIVITY
PRUDENTIAL EQUITY       08/09 So        -153.050          19.52       $2,987.54-
  INCOME FUND:CLASS A
PRU MONEYMART ASSETS    08/10 Pu        2,987              1.00       $2,987.00
  AUTO SUBSCRIPTION
FUNDS RECEIVED          08/16 Cr                                      $1,652.00-
NATIONAL EQUITY TRUST   08/19 Pu        4,869                         $4,999.87
  UNIT LOW
  FIVE PORT SER 26 QUARTERLY PAYMENT
  PRC:1.02688 DEFERRED SALES CHG $.0175/UT
PRU MONEYMART ASSETS    08/19 So       -3,348              1.00       $3,348.00-
  AUTO REDEMPTION
PRU MONEYMART ASSETS    08/20 Di                        Money Fund          $4.65-
  DIV  07/26 - 08/19
...................................CONTINUE...........................
  F12  New STMT
```

INFORMATION CONTAINED ON THIS PAGE IS BELIEVED TO BE RELIABLE. IT HAS NOT BEEN VERIFIED FOR ACCURACY OR COMPLETENESS BY PRUDENTIAL SECURITIES INCORPORATED OR ANY OF ITS EMPLOYEES.

** TOTAL PAGE.07 **

Schedule 9 p. 1

J.C. BRADFORD & CO. *STATEMENT FROM JANUARY 1,1999 TO FEBRUARY 28,1999*
PAGE 1 OF 3

ACCOUNT NUMBER

TAXPAYER ID NUMBER

ROBERT N CLEMENT
2229 RAYBURN BLDG
WASHINGTON DC 20515-4205

YOUR BRADFORD BROKER
STEVE CRABTREE
(615)890-9000
P.O. BOX 607
MURFREESBORO TN 37133-0607*7031765-0580*

SECURITIES AND CASH HELD BY US IN YOUR ACCOUNT ARE PROTECTED UP TO $2,500,000

*VALUE OF YOUR ACCOUNT AS OF FEBRUARY 28,1999**

	CURRENT	PREVIOUS
MONEY MARKET FUNDS	700.11	696.02
TOTAL CASH AND FUNDS	$700.11	$696.02
PRICED SECURITIES TOTAL	17,180.76	16,848.00
TOTAL VALUE	*$17,880.87*	*$17,544.02*

* DOES NOT INCLUDE UNSETTLED TRANSACTIONS OR SECURITIES WHOSE PRICE IS AVAILABLE ON REQUEST.

INCOME SUMMARY

	CURRENT PERIOD	YEAR TO DATE
DIVIDENDS	$4.09	$4.09

ACTIVITY SUMMARY

PREVIOUS CASH AND MONEY FUND BALANCE.....$696.02

	ADDITIONS	SUBTRACTIONS	REFER TO SECTION
DIVIDEND AND INTEREST ACTIVITY	$4.09	$.00	D

CURRENT CASH AND MONEY FUND BALANCE.....$700.11

SECURITIES IN YOUR ACCOUNT AS OF FEBRUARY 28,1999

DESCRIPTION	QUANTITY	STATEMENT DATE PRICE	VALUE	DIVIDEND OR COUPON	ESTIMATED ANNUAL INCOME

- - SECURITIES IN CASH ACCOUNT - -

Schedule 9 p.2

J.C. BRADFORD & CO. STATEMENT FROM JANUARY 1,1999 TO FEBRUARY 28,1999

ROBERT N CLEMENT ACCOUNT NUMBER

ECURITIES IN YOUR ACCOUNT AS OF FEBRUARY 28,1999

DESCRIPTION	QUANTITY	STATEMENT DATE PRICE	VALUE	DIVIDEND OR COUPON	ESTIMATED ANNUAL INCOME
AMERICAN GENERAL CORP	216	$73.25	$15,822	1.600	$345
SUNTRUST BANKS INC	20	$67.938	$1,358	1.380	$27
TOTAL VALUE OF PRICED SECURITIES			$17,180.76		$372.

LEASE NOTE: THE PRICES SHOWN ABOVE HAVE BEEN OBTAINED FROM AN INDEPENDENT PRICING SERVICE. SOME PRICES MAY HAVE BEEN UNAVAILABLE, AND SOME WERE BASED ON ECONOMIC MODELS. SINCE THESE PRICES MAY NOT REPRESENT ACTUAL TRANSACTION PRICES, WE CANNOT GUARANTEE THEIR ACCURACY. PLEASE CONTACT YOUR BRADFORD BROKER FOR A CURRENT QUOTATION.

****
ALL POSITION VALUATION NUMBERS HAVE BEEN TRUNCATED TO THE NEAREST DOLLAR *
IN THE SECURITIES IN YOUR ACCOUNT SECTION OF THE STATEMENT. DOLLARS AND *
CENTS ARE REPORTED ON PAGE ONE IN THE VALUE OF YOUR ACCOUNT SECTION, AND *
AT THE END OF THE SECURITIES IN YOUR ACCOUNT SECTION. *
****

D) DIVIDEND & INTEREST ACTIVITY

DATE	ACTIVITY	DESCRIPTION	AMOUNT
1-25	DIVIDEND	BRADFORD MONEY FUND YIELD 4.48% THRU 01/21/99	1.81
2-19	DIVIDEND	BRADFORD MONEY FUND YIELD 4.37% THRU 02/18/99	2.28

OTAL.....CREDITS $4.09 .....DEBITS $.00 .....$4.09

F) MONEY MARKET FUND ACTIVITY

DATE	ACTIVITY		DESCRIPTION	BALANCE
1-01	-OPENING BALANCE-		---BRADFORD MONEY FUND	696.02
1-25	BOUGHT	1.81	MONTHLY DIVIDEND REINVESTED	697.83
2-19	BOUGHT	2.28	MONTHLY DIVIDEND REINVESTED	700.11
2-28	-CLOSING BALANCE-		---BRADFORD MONEY FUND	700.11

G) SECURITIES RECEIVED OR DELIVERED

DATE	ACTIVITY		DESCRIPTION
2-17	RECEIVED	20	SUNTRUST BANKS INC TRANSFER FROM ACCT

Schedule 9 P.3

J.C. BRADFORD & CO. STATEMENT FROM JANUARY 1,1999 TO FEBRUARY 28,1999

ROBERT N CLEMENT ACCOUNT NUMBER

YOUR INVESTMENT OBJECTIVES

YOU AND YOUR BROKER HAVE IDENTIFIED INVESTMENT OBJECTIVES FOR YOUR ACCOUNT TO HELP YOU ACHIEVE YOUR FINANCIAL GOALS. THE COMPLETE LIST OF INVESTMENT OBJECTIVES APPEARS BELOW.

.....LIQUIDITY: INVESTMENTS THAT ARE HIGHLY LIQUID OR THAT HAVE MINIMAL MARKET RISK SUCH AS CERTIFICATES OF DEPOSIT AND MONEY MARKET FUNDS.

.....TAX FREE INCOME: PREFERENCE FOR INVESTMENTS WHICH OFFER TAX-FREE INCOME OR TAX DEFERRAL ADVANTAGES.

..INCOME/CAPITAL PRESERVATION: SEEKS INCOME WITH MINIMAL RISK.

.....AGGRESSIVE INCOME: SEEKS INCOME VIA FIXED-INCOME OR EQUITY INVESTMENTS THAT OFFER HIGHER YIELDS WITH A HIGHER DEGREE OF RISK.

.....LONG TERM GROWTH: SEEKS LONG TERM CAPITAL APPRECIATION VIA QUALITY EQUITY ORIENTED INVESTMENTS.

.....AGGRESSIVE GROWTH: SEEKS CAPITAL APPRECIATION PRIMARILY WITH EQUITY ORIENTED INVESTMENTS THAT HAVE POTENTIAL FOR SIGNIFICANT GROWTH, BUT WHICH MAY INVOLVE A HIGHER DEGREE OF RISK.

.....TRADING AND SPECULATION: SEEKS TO MAXIMIZE RETURN VIA A BROAD RANGE OF SHORT TERM INVESTMENT STRATEGIES THAT INVOLVE A HIGH DEGREE OF RISK.

AS YOUR NEEDS CHANGE, YOU MAY WANT TO SPEAK TO YOUR BROKER ABOUT REVISING YOUR OBJECTIVES.
PLEASE ADVISE US PROMPTLY OF ANY MATERIAL CHANGE IN YOUR INVESTMENT OBJECTIVES OR FINANCIAL SITUATION,
SO THAT WE MAY PROPERLY SERVE YOUR INVESTMENT NEEDS.

PLEASE CONTACT STEVE CRABTREE AT (615)890-9000 OR 1-800-829-4848
IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT.

Schedule 9
P.4

J.C. BRADFORD & CO. STATEMENT FROM MARCH 1,1999 TO MARCH 31,1999
PAGE 1 OF 3

ACCOUNT NUMBER

TAXPAYER ID NUMBER

ROBERT N CLEMENT
2229 RAYBURN BLDG
WASHINGTON DC 20515-4205

YOUR BRADFORD BROKER
STEVE CRABTREE
(615) 890-9000
P.O. BOX 607
MURFREESBORO TN 37133-0607 7031765-0580

SECURITIES AND CASH HELD BY US IN YOUR ACCOUNT ARE PROTECTED UP TO $2,500,000

VALUE OF YOUR ACCOUNT AS OF MARCH 31,1999*

	CURRENT	PREVIOUS
MONEY MARKET FUNDS	868.55	700.11
TOTAL CASH AND FUNDS	$868.55	$700.11
PRICED SECURITIES TOTAL	16,473.00	17,180.76
TOTAL VALUE	*$17,341.55*	*$17,880.87*

* DOES NOT INCLUDE UNSETTLED TRANSACTIONS OR SECURITIES WHOSE PRICE IS AVAILABLE ON REQUEST.

INCOME SUMMARY

	CURRENT PERIOD	YEAR TO DATE
DIVIDENDS	$95.84	$99.93

ACTIVITY SUMMARY

PREVIOUS CASH AND MONEY FUND BALANCE.....$700.11

	ADDITIONS	SUBTRACTIONS	REFER TO SECTION
DEPOSITS & WITHDRAWALS	$72.60	$.00	C
DIVIDEND AND INTEREST ACTIVITY	95.84	0.00	D
TOTAL	*$168.44*	*$.00*	

CURRENT CASH AND MONEY FUND BALANCE.....$868.55

SECURITIES IN YOUR ACCOUNT AS OF MARCH 31,1999

DESCRIPTION	QUANTITY	STATEMENT DATE PRICE	VALUE	DIVIDEND OR COUPON	ESTIMATED ANNUAL INCOME

Schedule 9
P.5

J.C. BRADFORD & CO. STATEMENT FROM MARCH 1,1999 TO MARCH 31,1999
PAGE 2 OF 3

ROBERT N CLEMENT ACCOUNT NUMBER

SECURITIES IN YOUR ACCOUNT AS OF MARCH 31,1999

DESCRIPTION	QUANTITY	STATEMENT DATE PRICE	VALUE	DIVIDEND OR COUPON	ESTIMATED ANNUAL INCOME
- - SECURITIES IN CASH ACCOUNT - -					
AMERICAN GENERAL CORP	216	$70.50	$15,228	1.600	$345
SUNTRUST BANKS INC	20	$62.25	$1,245	1.380	$27
TOTAL VALUE OF PRICED SECURITIES			$16,473.00		$372.

PLEASE NOTE: THE PRICES SHOWN ABOVE HAVE BEEN OBTAINED FROM AN INDEPENDENT PRICING SERVICE. SOME PRICES MAY HAVE BEEN UNAVAILABLE, AND SOME WERE BASED ON ECONOMIC MODELS. SINCE THESE PRICES MAY NOT REPRESENT ACTUAL TRANSACTION PRICES, WE CANNOT GUARANTEE THEIR ACCURACY. PLEASE CONTACT YOUR BRADFORD BROKER FOR A CURRENT QUOTATION.

****
*ALL POSITION VALUATION NUMBERS HAVE BEEN TRUNCATED TO THE NEAREST DOLLAR *
*IN THE SECURITIES IN YOUR ACCOUNT SECTION OF THE STATEMENT. DOLLARS AND *
*CENTS ARE REPORTED ON PAGE ONE IN THE VALUE OF YOUR ACCOUNT SECTION, AND *
*AT THE END OF THE SECURITIES IN YOUR ACCOUNT SECTION. *
****

(C) DEPOSITS & WITHDRAWALS

DATE	ACTIVITY	DESCRIPTION	AMOUNT
3-03		FROM 126 08274 TO 126 08574	72.60

TOTAL.....CREDITS_____$72.60 .....DEBITS_____$.00 .....$72.60

(D) DIVIDEND & INTEREST ACTIVITY

DATE	ACTIVITY	DESCRIPTION		AMOUNT
3-01	DIVIDEND	AMERICAN GENERAL CORP CASH DIV ON 216 SHS	.40	86.40
3-19	DIVIDEND	BRADFORD MONEY FUND YIELD 4.28% THRU 03/18/99		2.54
3-15	DIVIDEND	SUNTRUST BANKS INC CASH DIV ON 20 SHS	.345	6.90

TOTAL.....CREDITS_____$95.84 .....DEBITS_____$.00 .....$95.84

(F) MONEY MARKET FUND ACTIVITY

DATE	ACTIVITY		DESCRIPTION	BALANCE
3-01	-OPENING BALANCE-		---BRADFORD MONEY FUND	700.11
3-05	BOUGHT	159.00	FUNDS PURCHASED	859.11
3-19	BOUGHT	6.90	FUNDS PURCHASED	866.01
3-19	BOUGHT	2.54	MONTHLY DIVIDEND REINVESTED	868.55
3-31	-CLOSING BALANCE-		---BRADFORD MONEY FUND	868.55

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P.6

I.C. BRADFORD & CO. STATEMENT FROM MARCH 1,1999 TO MARCH 31,1999
PAGE 3 OF 3

ROBERT N CLEMENT ACCOUNT NUMBER

YOUR INVESTMENT OBJECTIVES

YOU AND YOUR BROKER HAVE IDENTIFIED INVESTMENT OBJECTIVES FOR YOUR ACCOUNT TO HELP YOU ACHIEVE YOUR FINANCIAL GOALS. THE COMPLETE LIST OF INVESTMENT OBJECTIVES APPEARS BELOW.

.....LIQUIDITY: INVESTMENTS THAT ARE HIGHLY LIQUID OR THAT HAVE MINIMAL MARKET RISK SUCH AS CERTIFICATES OF DEPOSIT AND MONEY MARKET FUNDS.

.....TAX FREE INCOME: PREFERENCE FOR INVESTMENTS WHICH OFFER TAX-FREE INCOME OR TAX DEFERRAL ADVANTAGES.

..INCOME/CAPITAL PRESERVATION: SEEKS INCOME WITH MINIMAL RISK.

.....AGGRESSIVE INCOME: SEEKS INCOME VIA FIXED-INCOME OR EQUITY INVESTMENTS THAT OFFER HIGHER YIELDS WITH A HIGHER DEGREE OF RISK.

.....LONG TERM GROWTH: SEEKS LONG TERM CAPITAL APPRECIATION VIA QUALITY EQUITY ORIENTED INVESTMENTS.

.....AGGRESSIVE GROWTH: SEEKS CAPITAL APPRECIATION PRIMARILY WITH EQUITY ORIENTED INVESTMENTS THAT HAVE POTENTIAL FOR SIGNIFICANT GROWTH, BUT WHICH MAY INVOLVE A HIGHER DEGREE OF RISK.

.....TRADING AND SPECULATION: SEEKS TO MAXIMIZE RETURN VIA A BROAD RANGE OF SHORT TERM INVESTMENT STRATEGIES THAT INVOLVE A HIGH DEGREE OF RISK.

AS YOUR NEEDS CHANGE, YOU MAY WANT TO SPEAK TO YOUR BROKER ABOUT REVISING YOUR OBJECTIVES.
PLEASE ADVISE US PROMPTLY OF ANY MATERIAL CHANGE IN YOUR INVESTMENT OBJECTIVES OR FINANCIAL SITUATION,
SO THAT WE MAY PROPERLY SERVE YOUR INVESTMENT NEEDS.

PLEASE CONTACT STEVE CRABTREE AT (615)890-9000 OR 1-800-829-4848
IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT.

** TOTAL PAGE.07 **

[redacted] STATEMENT

FROM APRIL 1,1999 TO JUNE 30,1999
PAGE 1 OF 3

Schedule 9
P.7

ACCOUNT NUMBER

TAXPAYER ID NUMBER

ROBERT N CLEMENT
2229 RAYBURN BLDG
WASHINGTON DC 20515-4205

YOUR BRADFORD BROKER
STEVE CRABTREE
(615) 890-9000
P.O. BOX 607
MURFREESBORO TN 37133-0607

SECURITIES AND CASH HELD BY US IN YOUR ACCOUNT ARE PROTECTED UP TO $2,500,000

VALUE OF YOUR ACCOUNT AS OF JUNE 30,1999*

	CURRENT	PREVIOUS
MONEY MARKET FUNDS	971.09	868.55
TOTAL CASH AND FUNDS	$971.09	$868.55
PRICED SECURITIES TOTAL	17,669.76	16,473.00
TOTAL VALUE	*$18,640.85*	*$17,341.55*

* DOES NOT INCLUDE UNSETTLED TRANSACTIONS OR SECURITIES WHOSE PRICE IS AVAILABLE ON REQUEST.

INCOME SUMMARY

	CURRENT PERIOD	YEAR TO DATE
DIVIDENDS	$102.54	$202.47

ACTIVITY SUMMARY

PREVIOUS CASH AND MONEY FUND BALANCE.....$868.55

	ADDITIONS	SUBTRACTIONS	REFER TO SECTION
DIVIDEND AND INTEREST ACTIVITY	$102.54	$.00	D

CURRENT CASH AND MONEY FUND BALANCE.....$971.09

SECURITIES IN YOUR ACCOUNT AS OF JUNE 30,1999

DESCRIPTION	QUANTITY	STATEMENT DATE PRICE	VALUE	DIVIDEND OR COUPON	ESTIMATED ANNUAL INCOME
- - SECURITIES IN CASH ACCOUNT - -					

Member S.I.P.C.

YOUR STATEMENT CONTINUES ON THE NEXT PAGE

FROM APRIL 1,1999 TO JUNE 30,1999
PAGE 2 OF 3

ROBERT N CLEMENT

ACCOUNT NUMBER .

Schedule 9
P. 8

SECURITIES IN YOUR ACCOUNT AS OF JUNE 30,1999

DESCRIPTION	QUANTITY	STATEMENT DATE PRICE	VALUE	DIVIDEND OR COUPON	ESTIMATED ANNUAL INCOMI
AMERICAN GENERAL CORP	216	$75.375	$16,281	1.600	$345
SUNTRUST BANKS INC	20	$69.438	$1,388	1.380	$27
TOTAL VALUE OF PRICED SECURITIES			$17,669.76		$372

PLEASE NOTE: THE PRICES SHOWN ABOVE HAVE BEEN OBTAINED FROM AN INDEPENDENT PRICING SERVICE. SOME PRICES MAY HAVE BEEN UNAVAILABLE, AND SOME WERE BASED ON ECONOMIC MODELS. SINCE THESE PRICES MAY NOT REPRESENT ACTUAL TRANSACTION PRICES, WE CANNOT GUARANTEE THEIR ACCURACY. PLEASE CONTACT YOUR BRADFORD BROKER FOR A CURRENT QUOTATION.

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*************************************************************************
* ALL POSITION VALUATION NUMBERS HAVE BEEN TRUNCATED TO THE NEAREST DOLLAR  *
* IN THE SECURITIES IN YOUR ACCOUNT SECTION OF THE STATEMENT.  DOLLARS AND  *
* CENTS ARE REPORTED ON PAGE ONE IN THE VALUE OF YOUR ACCOUNT SECTION, AND  *
* AT THE END OF THE SECURITIES IN YOUR ACCOUNT SECTION.                     *
*************************************************************************
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(D) DIVIDEND & INTEREST ACTIVITY

DATE	ACTIVITY	DESCRIPTION		AMOUNT
6-01	DIVIDEND	AMERICAN GENERAL CORP CASH DIV ON 216 SHS	.40	86.40
4-23	DIVIDEND	BRADFORD MONEY FUND YIELD 4.24% THRU 04/22/99		3.50
5-21	DIVIDEND	BRADFORD MONEY FUND YIELD 4.22% THRU 05/20/99		2.80
6-18	DIVIDEND	BRADFORD MONEY FUND YIELD 4.22% THRU 06/17/99		2.94
6-15	DIVIDEND	SUNTRUST BANKS INC CASH DIV ON 20 SHS	.345	6.90

TOTAL.....CREDITS_____$102.54 .....DEBITS_____$.00 .....$102.54

(F) MONEY MARKET FUND ACTIVITY

DATE	ACTIVITY		DESCRIPTION	BALANCE
4-01	-OPENING BALANCE-		---BRADFORD MONEY FUND	868.55
4-23	BOUGHT	3.50	MONTHLY DIVIDEND REINVESTED	872.05
5-21	BOUGHT	2.80	MONTHLY DIVIDEND REINVESTED	874.85
6-04	BOUGHT	86.40	FUNDS PURCHASED	961.25
6-18	BOUGHT	6.90	FUNDS PURCHASED	968.15
6-18	BOUGHT	2.94	MONTHLY DIVIDEND REINVESTED	971.09
6-30	-CLOSING BALANCE-		---BRADFORD MONEY FUND	971.09

Member S.I.P.C.

YOUR STATEMENT CONTINUES ON THE BACK OF THIS PAGE

J.C. Bradford & Co. **STATEMENT** *FROM JULY 1,1999 TO AUGUST 31,1999*
PAGE 1 OF 3

Schedule 9
P. 9

ACCOUNT NUMBER

TAXPAYER ID NUMBER

ROBERT N CLEMENT
2229 RAYBURN BLDG
WASHINGTON DC 20515-4205

YOUR BRADFORD BROKER
STEVE CRABTREE
(615) 890-9000
P.O. BOX 607
MURFREESBORO TN 37133-0607

SECURITIES AND CASH HELD BY US IN YOUR ACCOUNT ARE PROTECTED UP TO $2,500,000

*VALUE OF YOUR ACCOUNT AS OF AUGUST 31,1999**

	CURRENT	PREVIOUS
CASH BALANCE	$18,618.36-	$.00
MONEY MARKET FUNDS	18,618.36	971.09
TOTAL CASH AND FUNDS	$.00	$971.09
PRICED SECURITIES TOTAL	0.00	17,669.76
TOTAL VALUE	*$.00*	*$18,640.85*

* DOES NOT INCLUDE UNSETTLED TRANSACTIONS OR SECURITIES WHOSE PRICE IS AVAILABLE ON REQUEST.

INCOME SUMMARY

	CURRENT PERIOD	YEAR TO DATE
DIVIDENDS	$7.32	$209.79

ACTIVITY SUMMARY

PREVIOUS CASH AND MONEY FUND BALANCE.....$971.09

	ADDITIONS	SUBTRACTIONS	REFER TO SECTION
BUY & SELL TRANSACTIONS	$17,639.95	$.00	A
DEPOSITS & WITHDRAWALS	0.00	18,618.36-	C
DIVIDEND AND INTEREST ACTIVITY	7.32	0.00	D
TOTAL	*$17,647.27*	*$18,618.36-*	

CURRENT CASH AND MONEY FUND BALANCE.....$.00

Member S.I.P.C.

YOUR STATEMENT CONTINUES ON THE NEXT PAGE

FROM JULY 1,1999 TO AUGUST 31,1999
PAGE 2 OF 3

ROBERT N CLEMENT

ACCOUNT NUMBER

Schedule 9
P. 10

(A) BUY & SELL TRANSACTIONS

DATE	ACTIVITY		DESCRIPTION	TRANSACTION PRICE	AMOUNT
8-31	SOLD	216	AMERICAN GENERAL CORP WITH RIGHTS TO PURCHASE PREFRD STK UNDER CERTAIN CIRCUMSTANCE UNSOLICITED	77	16,365.54
8-31	SOLD	20	SUNTRUST BANKS INC UNSOLICITED	66 1/2	1,274.41

TOTAL.....SELL_____$17,639.95 .....BUY_____$.00 .....$17,639.95

(C) DEPOSITS & WITHDRAWALS

DATE	ACTIVITY	DESCRIPTION	AMOUNT
8-31		CHECK ISSUED # N012692735	18,618.36-

TOTAL.....CREDITS_____$.00 .....DEBITS_____$18,618.36-.....$18,618.36-

(D) DIVIDEND & INTEREST ACTIVITY

DATE	ACTIVITY	DESCRIPTION	AMOUNT
7-23	DIVIDEND	BRADFORD MONEY FUND YIELD 4.31% THRU 07/22/99	3.99
8-20	DIVIDEND	BRADFORD MONEY FUND YIELD 4.39% THRU 08/19/99	3.33

TOTAL.....CREDITS_____$7.32 .....DEBITS_____$.00 .....$7.32

(F) MONEY MARKET FUND ACTIVITY

DATE	ACTIVITY		DESCRIPTION	BALANCE
7-01	-OPENING BALANCE-		---BRADFORD MONEY FUND	971.09
7-23	BOUGHT	3.99	MONTHLY DIVIDEND REINVESTED	975.08
8-20	BOUGHT	3.33	MONTHLY DIVIDEND REINVESTED	978.41
8-31	BOUGHT	17,639.95	FUNDS PURCHASED	18,618.36
8-31	-CLOSING BALANCE-		---BRADFORD MONEY FUND	18,618.36

YOUR INVESTMENT OBJECTIVES

YOU AND YOUR BROKER HAVE IDENTIFIED INVESTMENT OBJECTIVES FOR YOUR ACCOUNT TO HELP YOU ACHIEVE YOUR FINANCIAL GOALS. THE COMPLETE LIST OF INVESTMENT OBJECTIVES APPEARS BELOW.

.....LIQUIDITY: INVESTMENTS THAT ARE HIGHLY LIQUID OR THAT HAVE MINIMAL MARKET RISK SUCH AS CERTIFICATES OF DEPOSIT AND MONEY MARKET FUNDS.

.....TAX FREE INCOME: PREFERENCE FOR INVESTMENTS WHICH OFFER TAX-FREE INCOME OR TAX DEFERRAL ADVANTAGES.

Member S.I.P.C.

YOUR STATEMENT CONTINUES ON THE BACK OF THIS PAGE

J.C. Bradford & Co. **STATEMENT**

FROM SEPTEMBER 1,1999 TO SEPTEMBER 30,1999
PAGE 1 OF 2

Schedule 9
p. 11

ACCOUNT NUMBER

TAXPAYER ID NUMBER

ROBERT N CLEMENT
2229 RAYBURN BLDG
WASHINGTON DC 20515-4205

Investment Representative
Steve Crabtree
(615) 890-9000
2035 Mallory Lane
Franklin TN 37067

SECURITIES AND CASH HELD BY US IN YOUR ACCOUNT ARE PROTECTED UP TO $2,500,000

****
* *Please check your Taxpayer ID Number above and notify your Bradford* *
* *Investment Advisor/Representative of any inaccuracy. Thank you.* *
****

*VALUE OF YOUR ACCOUNT AS OF SEPTEMBER 30,1999**

	CURRENT	PREVIOUS
CASH BALANCE	$90.03	$.00
TOTAL VALUE	*$90.03*	*$.00*

* DOES NOT INCLUDE UNSETTLED TRANSACTIONS OR SECURITIES WHOSE PRICE IS AVAILABLE ON REQUEST.

INCOME SUMMARY

	CURRENT PERIOD	YEAR TO DATE
DIVIDENDS	$.00	$209.79

ACTIVITY SUMMARY

	ADDITIONS	SUBTRACTIONS	REFER TO SECTION
DEPOSITS & WITHDRAWALS	$90.03	$.00	C

CURRENT CASH.....$90.03

(C) DEPOSITS & WITHDRAWALS

DATE	ACTIVITY	DESCRIPTION	AMOUNT
9-10		ACCOUNT CHANGED FR 12608574	90.03

TOTAL.....CREDITS_____$90.03 .....DEBITS_____$.00 .....$90.03

Member S.I.P.C.

YOUR STATEMENT CONTINUES ON THE NEXT PAGE

J.C. Bradford & Co. STATEMENT

TO SEPTEMBER 30,1999
PAGE 1 OF 2

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P.12

ACCOUNT NUMBER

TAXPAYER ID NUMBER

ROBERT N CLEMENT
2229 RAYBURN BLDG
WASHINGTON DC 20515-4205

Investment Representative
Steve Crabtree
(615) 890-9000
P.O. Box 607
Murfreesboro TN 37133-0607

SECURITIES AND CASH HELD BY US IN YOUR ACCOUNT ARE PROTECTED UP TO $2,500,000

****
* Please check your Taxpayer ID Number above and notify your Bradford *
* Investment Advisor/Representative of any inaccuracy. Thank you. *
****

*VALUE OF YOUR ACCOUNT AS OF SEPTEMBER 30,1999**

	CURRENT	PREVIOUS
CASH BALANCE	$.00	$18,618.36-
MONEY MARKET FUNDS	0.00	18,618.36
TOTAL CASH AND FUNDS	$.00	$.00
TOTAL VALUE	*$.00*	*$.00*

* DOES NOT INCLUDE UNSETTLED TRANSACTIONS OR SECURITIES WHOSE PRICE IS AVAILABLE ON REQUEST.

INCOME SUMMARY

	CURRENT PERIOD	YEAR TO DATE
DIVIDENDS	$90.03	$90.03

ACTIVITY SUMMARY

	ADDITIONS	SUBTRACTIONS	REFER TO SECTION
DEPOSITS & WITHDRAWALS	$.00	$90.03-	C
DIVIDEND AND INTEREST ACTIVITY	90.03	0.00	D
TOTAL	*$90.03*	*$90.03-*	

(C) DEPOSITS & WITHDRAWALS

DATE	ACTIVITY	DESCRIPTION	AMOUNT
9-10		ACCOUNT CHANGED TO 22108574	90.03-

TOTAL.....CREDITS_____$.00 .....DEBITS_____$90.03-.....$90.03-

Member S.I.P.C.

YOUR STATEMENT CONTINUES ON THE NEXT PAGE

TO SEPTEMBER 30,1999
PAGE 2 OF 2
ROBERT N CLEMENT ACCOUNT NUMBER 1

Schedule
P.13

(D) DIVIDEND & INTEREST ACTIVITY

DATE	ACTIVITY	DESCRIPTION		AMOUNT
9-01	DIVIDEND	AMERICAN GENERAL CORP CASH DIV ON 216 SHS	.40	86.40
9-02	DIVIDEND	BRADFORD MONEY FUND FULL LIQUIDATION DIVIDEND		3.63

TOTAL.....CREDITS_____$90.03 .....DEBITS_____$.00 .....$90.03

(F) MONEY MARKET FUND ACTIVITY

DATE	ACTIVITY	DESCRIPTION	BALANCE
0-00	-OPENING BALANCE-	---BRADFORD MONEY FUND	18,618.36
9-01	SOLD 18,618.36	REDEMPTION	.00
9-30	-CLOSING BALANCE-	---BRADFORD MONEY FUND	.00

YOUR INVESTMENT OBJECTIVES

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.....LIQUIDITY: INVESTMENTS THAT ARE HIGHLY LIQUID OR THAT HAVE MINIMAL MARKET RISK SUCH AS CERTIFICATES OF DEPOSIT AND MONEY MARKET FUNDS.
.....TAX FREE INCOME: PREFERENCE FOR INVESTMENTS WHICH OFFER TAX-FREE INCOME OR TAX DEFERRAL ADVANTAGES.
..INCOME/CAPITAL PRESERVATION: SEEKS INCOME WITH MINIMAL RISK.
.....AGGRESSIVE INCOME: SEEKS INCOME VIA FIXED-INCOME OR EQUITY INVESTMENTS THAT OFFER HIGHER YIELDS WITH A HIGHER DEGREE OF RISK.
.....LONG TERM GROWTH: SEEKS LONG TERM CAPITAL APPRECIATION VIA QUALITY EQUITY ORIENTED INVESTMENTS.
.....AGGRESSIVE GROWTH: SEEKS CAPITAL APPRECIATION PRIMARILY WITH EQUITY ORIENTED INVESTMENTS THAT HAVE POTENTIAL FOR SIGNIFICANT GROWTH, BUT WHICH MAY INVOLVE A HIGHER DEGREE OF RISK.
.....TRADING AND SPECULATION: SEEKS TO MAXIMIZE RETURN VIA A BROAD RANGE OF SHORT TERM INVESTMENT STRATEGIES THAT INVOLVE A HIGH DEGREE OF RISK.

AS YOUR NEEDS CHANGE, YOU MAY WANT TO SPEAK TO YOUR BROKER ABOUT REVISING YOUR OBJECTIVES.
PLEASE ADVISE US PROMPTLY OF ANY MATERIAL CHANGE IN YOUR INVESTMENT OBJECTIVES OR FINANCIAL SITUATION, SO THAT WE MAY PROPERLY SERVE YOUR INVESTMENT NEEDS.

PLEASE CONTACT Steve Crabtree AT (615)890-9000 OR 1-800-829-4848
IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT.

Member S.I.P.C

J.C. Bradford & Co. STATEMENT

FROM OCTOBER 1,1999 TO NOVEMBER 30,1999
PAGE 1 OF 2

Schedule
P.14

ACCOUNT NUMBER

TAXPAYER ID NUMBER

F2A 01 0969206 015771 2

ROBERT N CLEMENT
2229 RAYBURN BLDG
WASHINGTON DC 20515-4205

Your Investment Advisor
Steve Crabtree
615-771-3445
2035 Mallory Lane
Franklin TN 37067

SECURITIES AND CASH HELD BY US IN YOUR ACCOUNT ARE PROTECTED UP TO $2,500,000

****
* This represents the last statement you will receive in 1999. *
* Your December statement will be mailed in January, 2000. *
****

****
* J. C. Bradford & Co. LLC has successfully completed Y2K testing and has certified *
* those tests to various regulatory and financial entities. We will continue to *
* follow our Year 2000 plan through 1999, and anticipate no interruption in service. *
****

*VALUE OF YOUR ACCOUNT AS OF NOVEMBER 30,1999**

	CURRENT	PREVIOUS
CASH BALANCE	$.00	$90.03
TOTAL VALUE	*$.00*	*$90.03*

* DOES NOT INCLUDE UNSETTLED TRANSACTIONS OR SECURITIES WHOSE PRICE IS AVAILABLE ON REQUEST.

INCOME SUMMARY

	CURRENT PERIOD	YEAR TO DATE
DIVIDENDS	$.00	$299.82

ACTIVITY SUMMARY

PREVIOUS CASH.....$90.03

	ADDITIONS	SUBTRACTIONS	REFER TO SECTION
DEPOSITS & WITHDRAWALS	$.00	$90.03-	C

CURRENT CASH.....$.00

Member S.I.P.C.

01 0969206 015771 2

YOUR STATEMENT CONTINUES ON THE NEXT PAGE

FROM OCTOBER 1,1999 TO NOVEMBER 30,1999
PAGE 2 OF 2
ROBERT N CLEMENT
ACCOUNT NUMBER

Schedule
P.15

(C) DEPOSITS & WITHDRAWALS

DATE	ACTIVITY	DESCRIPTION	AMOUNT
11-01		WITHDRAWAL	90.03-

TOTAL.....CREDITS_____$.00 .....DEBITS_____$90.03-.....$90.03-

YOUR INVESTMENT OBJECTIVES

You and your Investment Advisor have identified investment objectives for your account to help you achieve your financial goals. The complete list of investment objectives appears below.

.....LIQUIDITY: INVESTMENTS THAT ARE HIGHLY LIQUID OR THAT HAVE MINIMAL MARKET RISK SUCH AS CERTIFICATES OF DEPOSIT AND MONEY MARKET FUNDS.
.....TAX FREE INCOME: PREFERENCE FOR INVESTMENTS WHICH OFFER TAX-FREE INCOME OR TAX DEFERRAL ADVANTAGES.
..INCOME/CAPITAL PRESERVATION: SEEKS INCOME WITH MINIMAL RISK.
.....AGGRESSIVE INCOME: SEEKS INCOME VIA FIXED-INCOME OR EQUITY INVESTMENTS THAT OFFER HIGHER YIELDS WITH A HIGHER DEGREE OF RISK.
.....LONG TERM GROWTH: SEEKS LONG TERM CAPITAL APPRECIATION VIA QUALITY EQUITY ORIENTED INVESTMENTS.
.....AGGRESSIVE GROWTH: SEEKS CAPITAL APPRECIATION PRIMARILY WITH EQUITY ORIENTED INVESTMENTS THAT HAVE POTENTIAL FOR SIGNIFICANT GROWTH, BUT WHICH MAY INVOLVE A HIGHER DEGREE OF RISK.
.....TRADING AND SPECULATION: SEEKS TO MAXIMIZE RETURN VIA A BROAD RANGE OF SHORT TERM INVESTMENT STRATEGIES THAT INVOLVE A HIGH DEGREE OF RISK.

AS YOUR NEEDS CHANGE, YOU MAY WANT TO SPEAK TO YOUR INVESTMENT ADVISOR ABOUT REVISING YOUR OBJECTIVES. PLEASE ADVISE US PROMPTLY OF ANY MATERIAL CHANGE IN YOUR INVESTMENT OBJECTIVES OR FINANCIAL SITUATION, SO THAT WE MAY PROPERLY SERVE YOUR INVESTMENT NEEDS.

Please contact Steve Crabtree at 615-771-3445 or 1-800-845-5748
if you have any questions concerning this statement.

Member S.I.P.C.

Schedule 8
P.1

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc
Member NASD/Member SIPC

PAGE 1
ACCOUNT:
TAX-ID :
F.A. : TL9

JANUARY 31, 1999
LAST STATEMENT
DECEMBER 31, 1998

MARY CLEMENT
8202-TREEBROOKE LANE
ALEXANDRIA VA 22308-1706

YOUR FINANCIAL ADVISOR

THOMAS L. HERBERT
LM FINANCIAL PARTNERS
210 EAST MAIN STREET
FRANKLIN TN 37064-2507
(615) 591-1051

ACCOUNT VALUE

CASH BALANCE	5,930.55
LM MONEY MARKET FUNDS	1,001.57
LM BOND FUNDS	175,826.33

APPROXIMATE VALUE

THIS STATEMENT	182,758.45
LAST STATEMENT	183,943.54

YOU MAY HAVE PURCHASED MUTUAL FUNDS, ANNUITIES, LIMITED PARTNERSHIPS OR OTHER INVESTMENTS WHICH ARE NOT REPORTED AS POSITIONS ON THIS STATEMENT. IF SO, YOU WILL RECEIVE PERIODIC STATEMENTS DIRECTLY FROM THE FUND, INSURANCE COMPANY OR PARTNERSHIP.

CASH BALANCE SUMMARY

	CASH
OPENING BALANCE	3.43
CLOSING BALANCE	5,930.55

TRADE ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
01/05	YOU SOLD	700-	GLOBAL MARINE INC NEW UNSOLICITED	5.8875	55,910.83

INCOME ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
01/04	REINVESTMENT	6.020	LEGG MASON CASH RESERVE TRUST DIVIDEND REINVESTMENT 12/31		6.02-
01/04	REINVESTMENT	41.420	**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO DIVIDEND REINVESTMENT 12/31 REINV SHARE PRICE: $10.52		435.74-
01/19	DIVIDEND		LEGG MASON CASH RESERVE TRUST DIVIDEND 01/15		5.68

INCOME & RELATED INFORMATION

	THIS MONTH	YEAR TO DATE
LEGG MASON MUTUAL FUNDS		
CASH RESERVE TRUST		
DIVIDENDS	5.68	5.68
INVESTMENT GRADE		
INCOME PORTFOLIO		
DIVIDENDS	376.02	376.02
OTHER INCOME		
CREDIT INTEREST	16.29	16.29
TOTAL INCOME	397.99	397.99
TAXABLE INCOME	397.99	397.99

SEE REVERSE SIDE FOR IMPORTANT INFORMATION
ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER SIPC

Schedule 8
P.2

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc
Member NASD/Member SIPC

PAGE 2
ACCOUNT:
TAX-ID :
F.A : TLH

JANUARY 31, 1999

MARY CLEMENT

INCOME ACTIVITY (CONTINUED)

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
01/19	REINVESTMENT	5.680	LEGG MASON CASH RESERVE TRUST DIVIDEND REINVESTMENT 01/15		5.68+
01/19	DIVIDEND		**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO DIVIDEND 01/15		376.02
01/19	REINVESTMENT	35.844	**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO DIVIDEND REINVESTMENT 01/15 REINV SHARE PRICE: $10.49		376.02-
01/29	INTEREST		INTEREST ON CREDIT BALANCE AT 4.370% 12/31 THRU 01/28		16.25

OTHER ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
01/04	DIVIDEND		LEGG MASON CASH RESERVE TRUST DIVIDEND 12/31		56.22
01/04	DIVIDEND		**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO DIVIDEND 12/31 INCLUDED IN 1998 1099		435.74
01/20	REDEMPTION	1,000-	LEGG MASON CASH RESERVE TRUST CHECK REDEMPTION #2 01/19 $1000.00		
01/22	REDEMPTION	500-	LEGG MASON CASH RESERVE TRUST CHECK REDEMPTION #3 01/21 $500.00		
01/26	REDEMPTION	671.15-	LEGG MASON CASH RESERVE TRUST CHECK REDEMPTION #4 01/25 $671.15		

PORTFOLIO SUMMARY

SECURITIES PRICES USED IN YOUR PORTFOLIO SUMMARY ARE OBTAINED FROM OUTSIDE SERVICES AND THEIR ACCURACY CANNOT BE GUARANTEED. THESE VALUES ARE PROVIDED AS A GENERAL GUIDE BUT INCOME CASES MAY NOT REFLECT THE ACTUAL MARKET PRICE. IF AN EXACT PRICE IS NEEDED CONTACT YOUR FINANCIAL ADVISOR.

LEGG MASON MONEY MARKET FUNDS

SHARES	DESCRIPTION	PRICE	MARKET VALUE
1,001.570	LEGG MASON CASH RESERVE TRUST OPENING MARKET VALUE: $3,161.02 7 DAY YIELD AS OF 01/27: 4.280%	1.00	$1,001.57
	MARKET VALUE OF LEGG MASON MONEY MARKET FUND 0.6% OF PORTFOLIO		$1,001.57

STATEMENT CONTINUED ON REVERSE SIDE

ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER SIPC

Schedule 8
P3

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc
Member NASD/Member SIPC

PAGE : 1
ACCOUNT:
TAX-ID :
F.A. : TLK

JANUARY 31, 1999

MARY CLEMENT

PORTFOLIO SUMMARY (CONTINUED)

LEGG MASON BOND FUNDS

SHARES	DESCRIPTION	PRICE	MARKET VALUE
16,650.221	**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO SHARES : 16,572.955 PRICE : $10.52 MARKET VALUE: $174,347.49 30 DAY YIELD AS OF 01/27: 4.9724	10.56	$175,824.33
	MARKET VALUE OF LEGG MASON BOND FUNDS 99.4% OF PORTFOLIO		$175,824.33

ACCOUNT INSTRUCTIONS
INVESTMENT OBJECTIVES
INVESTMENT OBJECTIVES FOR YOUR ACCOUNT ARE SHOWN BELOW. IF YOU HAVE ANY QUESTIONS CONCERNING THESE OBJECTIVES, OR WISH TO CHANGE THEM, PLEASE CONTACT YOUR FINANCIAL ADVISOR.
1. LONG TERM GROWTH

DELIVERY INSTRUCTIONS
SECURITIES IN YOUR ACCOUNT WILL BE HELD BY LEGG MASON FOR YOUR BENEFIT.
CASH BALANCES WILL BE HELD IN YOUR ACCOUNT.

* - END OF STATEMENT FOR ACCOUNT 488-10236 - - - - - - - - -
ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER SIPC

Schedule 8
P.4

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc
Member NASD/Member SIPC

PAGE 1
ACCOUNT:
TAX-ID
F.A.

FEBRUARY 28, 1999
LAST STATEMENT
JANUARY 31, 1999

MARY CLEMENT
8202 GREENBROOKE LANE
ALEXANDRIA VA 22308-1708

YOUR FINANCIAL ADVISOR

THOMAS L. HERBERT
LM FINANCIAL PARTNERS
210 EAST MAIN STREET
FRANKLIN TN 37064-2507
(615) 591-1051

ACCOUNT VALUE

CASH BALANCE	5,950.07
LM MONEY MARKET FUNDS	6.97
LM BOND FUNDS	173,440.69

APPROXIMATE VALUE

THIS STATEMENT	179,397.73
LAST STATEMENT	182,758.45

YOU MAY HAVE PURCHASED MUTUAL FUNDS, ANNUITIES, LIMITED PARTNERSHIPS OR OTHER INVESTMENTS WHICH ARE NOT REPORTED AS POSITIONS ON THIS STATEMENT. IF SO, YOU WILL RECEIVE PERIODIC STATEMENTS DIRECTLY FROM THE FUND, INSURANCE COMPANY OR PARTNERSHIP.

INCOME & RELATED INFORMATION

	THIS MONTH	YEAR TO DATE
LEGG MASON MUTUAL FUNDS		
CASH RESERVE TRUST		
DIVIDENDS	5.40	11.06
INVESTMENT GRADE INCOME PORTFOLIO		
DIVIDENDS	787.11	1,163.13
OTHER INCOME		
CREDIT INTEREST	19.52	35.81
TOTAL INCOME	812.03	1,210.02
TAXABLE INCOME	812.03	1,210.02

CASH BALANCE SUMMARY

	CASH
OPENING BALANCE	5,930.55
CLOSING BALANCE	5,950.07

INCOME ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
02/17	DIVIDEND		LEGG MASON CASH RESERVE TRUST DIVIDEND 02/16		5.40
02/17	REINVESTMENT	5.400	LEGG MASON CASH RESERVE TRUST DIVIDEND REINVESTMENT 02/16		5.40-
02/17	DIVIDEND		**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO DIVIDEND 02/16		787.11
02/17	REINVESTMENT	76.049	**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO DIVIDEND REINVESTMENT 02/16 REINV SHARE PRICE: $10.35		787.11-
02/26	INTEREST		INTEREST ON CREDIT BALANCE AT 4.290% 01/29 THRU 02/25		19.52

SEE REVERSE SIDE FOR IMPORTANT INFORMATION
ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER SIPC

Schedule 8
P.5

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc
Member NASD/Member SIPC

PAGE 2
ACCOUNT
TAX-ID
F.A. TLM

FEBRUARY 28, 1999

MARY CLEMENT

OTHER ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
02/22	REDEMPTION	1,000-	LEGG MASON CASH RESERVE TRUST CHECK REDEMPTION #5 02/19 $1000.00		

PORTFOLIO SUMMARY

SECURITIES PRICES USED IN YOUR PORTFOLIO SUMMARY ARE OBTAINED FROM OUTSIDE SERVICES AND THEIR ACCURACY CANNOT BE GUARANTEED. THESE VALUES ARE PROVIDED AS A GENERAL GUIDE BUT INSOME CASES MAY NOT REFLECT THE ACTUAL MARKET PRICE. IF AN EXACT PRICE IS NEEDED CONTACT YOUR FINANCIAL ADVISOR

LEGG MASON MONEY MARKET FUNDS

SHARES	DESCRIPTION	PRICE	MARKET VALUE
6.970	LEGG MASON CASH RESERVE TRUST OPENING MARKET VALUE: $1,001.57 7 DAY YIELD AS OF 02/24 4.250%	1.00	$6.97
	MARKET VALUE OF LEGG MASON MONEY MARKET FUND LESS THAN 0.1% OF PORTFOLIO		$6.97

LEGG MASON BOND FUNDS

SHARES	DESCRIPTION	PRICE	MARKET VALUE
16,726.275	**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO SHARES : 16,650.221 PRICE : $10.56 MARKET VALUE: $175,326.33 30 DAY YIELD AS OF 02/24 5.000%	10.19	$170,440.69
	MARKET VALUE OF LEGG MASON BOND FUNDS 100.0% OF PORTFOLIO		$170,440.69

ACCOUNT INSTRUCTIONS
INVESTMENT OBJECTIVES
INVESTMENT OBJECTIVES FOR YOUR ACCOUNT ARE SHOWN BELOW IF YOU HAVE ANY QUESTIONS CONCERNING THESE OBJECTIVES, OR WISH TO CHANGE THEM, PLEASE CONTACT YOUR FINANCIAL ADVISOR.
1. LONG TERM GROWTH

DELIVERY INSTRUCTIONS
SECURITIES IN YOUR ACCOUNT WILL BE HELD BY LEGG MASON FOR YOUR BENEFIT.
CASH BALANCES WILL BE HELD IN YOUR ACCOUNT.

NASD REGULATION, INC. PUBLIC DISCLOSURE PROGRAM - AN INVESTOR BROCHURE DESCRIBING THE PUBLIC DISCLOSURE PROGRAM IS AVAILABLE BY CALLING THE HOTLINE NUMBER (800) 289-9999 OR ACCESSING THE WEBSITE AT WWW NASDR.COM

- END OF STATEMENT FOR ACCOUNT 488-10236 - - - - - - - - -
ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER SIPC

Schedule 8
P.6

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc
Member NASD/Member SIPC

PAGE 1
ACCOUNT:
TAX-ID :
F.A. TLH

MARCH 31, 1999
LAST STATEMENT
FEBRUARY 28, 1999

MARY CLEMENT
8202 TREEBROOKE LANE
ALEXANDRIA VA 22308-1706

YOUR FINANCIAL ADVISOR

THOMAS L. HERBERT
LM FINANCIAL PARTNERS
210 EAST MAIN STREET
FRANKLIN TN 37064-2507
(615) 591-1051

ACCOUNT VALUE

CASH BALANCE	5,972.84
LM MONEY MARKET FUNDS	7 57
LM BOND FUNDS	171,956 63
APPROXIMATE VALUE	
THIS STATEMENT	177,937.13
LAST STATEMENT	176,397.73

YOU MAY HAVE PURCHASED MUTUAL FUNDS, ANNUITIES, LIMITED PARTNERSHIPS OR OTHER INVESTMENTS WHICH ARE NOT REPORTED AS POSITIONS ON THIS STATEMENT. IF SO, YOU WILL RECEIVE PERIODIC STATEMENTS DIRECTLY FROM THE FUND, INSURANCE COMPANY OF PARTNERSHIP.

CASH BALANCE SUMMARY

	CASH
OPENING BALANCE	5,950.07
CLOSING BALANCE	5,972.98

INCOME & RELATED INFORMATION

	THIS MONTH	YEAR TO DATE
LEGG MASON MUTUAL FUNDS		
CASH RESERVE TRUST		
DIVIDENDS	0.60	11.68
INVESTMENT GRADE INCOME PORTFOLIO		
DIVIDENDS	682.34	1,845.47
OTHER INCOME		
CREDIT INTEREST	22.81	58 62
TOTAL INCOME	705.75	1,915.77
TAXABLE INCOME	705.75	1,915.77

INCOME ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
03/16	DIVIDEND		LEGG MASON CASH RESERVE TRUST DIVIDEND 03/15		$.60
03/16	REINVESTMENT	.60D	LEGG MASON CASH RESERVE TRUST DIVIDEND REINVESTMENT 03/15		.60-
03/16	DIVIDEND		**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO DIVIDEND 03/15		682.34
03/16	REINVESTMENT	66.375	**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO DIVIDEND REINVESTMENT 03/15 REINV SHARE PRICE: $10.28		682.34-
03/31	INTEREST		INTEREST ON CREDIT BALANCE AT 4.240% 02/26 THRU 03/30		22.81

SEE REVERSE SIDE FOR IMPORTANT INFORMATION
ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER SIPC

Schedule 8
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LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

Account Statement
LM Financial Partners Inc
Member NASD/Member SIPC

PAGE 2
ACCOUNT
TAX-ID
F.A. TLN

MARCH 31, 1999

MARY CLEMENT

PORTFOLIO SUMMARY

SECURITIES PRICES USED IN YOUR PORTFOLIO SUMMARY ARE OBTAINED FROM OUTSIDE SERVICES AND THEIR ACCURACY CANNOT BE GUARANTEED. THESE VALUES ARE PROVIDED AS A GENERAL GUIDE BUT IN SOME CASES MAY NOT REFLECT THE ACTUAL MARKET PRICE. IF AN EXACT PRICE IS NEEDED CONTACT YOUR FINANCIAL ADVISOR.

LEGG MASON MONEY MARKET FUNDS

SHARES	DESCRIPTION	PRICE	MARKET VALUE
7.570	LEGG MASON CASH RESERVE TRUST OPENING MARKET VALUE: $6.97 7 DAY YIELD AS OF 03/31: 4.160%	1.00	$7.57
	MARKET VALUE OF LEGG MASON MONEY MARKET FUND LESS THAN 0.1% OF PORTFOLIO		$7.57

LEGG MASON BOND FUNDS

SHARES	DESCRIPTION	PRICE	MARKET VALUE
16,792.645	**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO SHARES : 16,726.270 PRICE : $10.19 MARKET VALUE: $170,440.69 30 DAY YIELD AS OF 03/31: 5.320%	10.24	$171,956.68
	MARKET VALUE OF LEGG MASON BOND FUNDS 100.0% OF PORTFOLIO		$171,956.68

ACCOUNT INSTRUCTIONS
INVESTMENT OBJECTIVES
INVESTMENT OBJECTIVES FOR YOUR ACCOUNT ARE SHOWN BELOW. IF YOU HAVE ANY QUESTIONS CONCERNING THESE OBJECTIVES, OR WISH TO CHANGE THEM, PLEASE CONTACT YOUR FINANCIAL ADVISOR.
1. LONG TERM GROWTH

DELIVERY INSTRUCTIONS
SECURITIES IN YOUR ACCOUNT WILL BE HELD BY LEGG MASON FOR YOUR BENEFIT.
CASH BALANCES WILL BE HELD IN YOUR ACCOUNT.

IN ACCORDANCE WITH NEW YORK STOCK EXCHANGE RULE 781 (A), WE ARE HEREBY NOTIFYING YOU THAT WE ARE UTILIZING THE ADP AUTOMATED RANDOM SYSTEM TO ALLOCATE OPTION EXERCISE NOTICES.

NASD REGULATION, INC. PUBLIC DISCLOSURE PROGRAM - AN INVESTOR BROCHURE DESCRIBING THE PUBLIC DISCLOSURE PROGRAM IS AVAILABLE BY CALLING THE HOTLINE NUMBER (800) 289-9999 OR ACCESSING THE WEBSITE AT WWW.NASDR.COM

* - END OF STATEMENT FOR ACCOUNT 488-10236 - - - - - - - - -
ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER SIPC

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

LM Financial Partners Inc.
Member NASD/Member SIPC

Schedule 8
P. 8

Page: 1
Account:
Tax-ID:
F.A.: TLH

April 30, 1999

Last Statement
March 31, 1999

MARY CLEMENT
8202 TREEBROOKE LANE
ALEXANDRIA VA 22308-1706

Your Financial Advisor

THOMAS L. HERBERT
LM FINANCIAL PARTNERS
210 EAST MAIN STREET
FRANKLIN TN 37064-2507
(615) 591-1051

Account Value

Cash Balance	18.55
LM Money Market Funds	4,980.45
LM Bond funds	173,437.05
Approximate Value	
This Statement	178,436.05
Last Statement	177,937.13

You may have purchased mutual funds, annuities, limited partnerships or other investments which are not reported as positions on this statement. If so, you will receive periodic statements directly from the fund, insurance company or partnership.

Income & Related Information

	This Month	Year to Date
Legg Mason Mutual Funds		
CASH RESERVE TRUST		
Dividends	0.00	11.68
INVESTMENT GRADE INCOME PORTFOLIO		
Dividends	813.38	2,658.85
Other Income		
Credit Interest	18.55	77.17
Total Income	831.93	2,747.70
Taxable income	831.93	2,747.70

Cash Balance Summary

	Cash
Opening Balance	5,972.88
Closing Balance	18.55

Income Activity

Date	Transaction	Quantity	Description	Price	Amount
04/16	DIVIDEND		**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO DIVIDEND 04/15		813.38
04/16	REINVESTMENT	78.663	**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO DIVIDEND REINVESTMENT 04/15 REINV SHARE PRICE: $10.34		813.38-
04/30	INTEREST		INTEREST ON CREDIT BALANCE AT 4.200% 03/31 THRU 04/29		18.55

Other Activity

Date	Transaction	Quantity	Description	Price	Amount
04/27	TRANSFER	5,972.880	LEGG MASON CASH RESERVE TRUST LMCRT PM BUY		5,972.88-

See Reverse Side For Important Information

Account Maintained by Legg Mason Wood Walker, Inc. Member SIPC 488-10236

MCL03 274 507,882 P M B A 23 05.02.99 06 15

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

LM Financial Partners Inc.
Member NASD/Member SIPC

Schedule 8 P.9

Page: 2
Account:
Tax-ID:
F.A.: TLH

April 30, 1999

MARY CLEMENT

Other Activity (continued)

Date	Transaction	Quantity	Description	Price	Amount
04/28	REDEMPTION	1,000-	LEGG MASON CASH RESERVE TRUST CHECK REDEMPTION #6 04/26 $1000.00		

Portfolio Summary

Securities prices used in your portfolio summary are obtained from outside services and their accuracy cannot be guaranteed. These values are provided as a general guide but in some cases may not reflect the actual market price. If an exact price is needed, contact your Financial Advisor.

Legg Mason Money Market Funds

Shares	Description	Price	Market Value
4,980.450	LEGG MASON CASH RESERVE TRUST OPENING MARKET VALUE: $7.57 7 DAY YIELD AS OF 04/28: 4.190%	1.00	$4,980.45

Market Value of Legg Mason Money Market Fund $4,980.45
2.8% of Portfolio

Legg Mason Bond Funds

Shares	Description	Price	Market Value
16,071.308	**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO OPENING SHARES : 16,792.645 PRICE : $10.24 MARKET VALUE: $171,956.68 30 DAY YIELD AS OF 04/28: 5.430%	10.28	$173,437.05

Market Value of Legg Mason Bond Funds $173,437.05
97.2% of Portfolio

Account Instructions

Investment Objectives

Investment objectives for your account are shown below. If you have any questions concerning these objectives, or wish to change them, please contact your Financial Advisor.

1. Long term growth

Delivery Instructions

Securities in your account will be held by Legg Mason for your benefit.
Cash balances will be held in your account.

NASD Regulation, Inc. Public Disclosure Program - An investor brochure describing the Public Disclosure Program is available by calling the Hotline number (800) 289-9999 or accessing the WebSite at www.nasdr.com.

* ---------- **End of Statement For Account 488-10236** ---------- *

Account Maintained by Legg Mason Wood Walker, Inc. Member SIPC 488-10236

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

LM Financial Partners Inc.
Member NASD/Member SIPC

Schedule 8
p.10

Page: 1 *Duplicate*
Account:
Tax-ID:
F.A.: TLM

April 30, 1999

Last Statement
March 31, 1999

33 368

CAROLYN WAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515-0005

Your Financial Advisor

THOMAS L. HERBERT
LM FINANCIAL PARTNERS
210 EAST MAIN STREET
FRANKLIN TN 37064-2507
(615) 591-1051

Account Value

Cash Balance	18.55
LM Money Market Funds	4,980.45
LM Bond funds	173,437.05
Approximate Value	
This Statement	178,436.05
Last Statement	177,937.13

You may have purchased mutual funds, annuities, limited partnerships or other investments which are not reported as positions on this statement. If so, you will receive periodic statements directly from the fund, insurance company or partnership.

Income & Related Information

	This Month	Year to Date
Legg Mason Mutual Funds		
CASH RESERVE TRUST		
Dividends	0.00	11.68
INVESTMENT GRADE INCOME PORTFOLIO		
Dividends	815.38	2,658.85
Other Income		
Credit Interest	18.55	77.17
Total Income	831.93	2,747.70
Taxable Income	831.93	2,747.70

Cash Balance Summary

	Cash
Opening Balance	5,972.88
Closing Balance	18.55

Income Activity

Date	Transaction	Quantity	Description	Price	Amount
04/16	DIVIDEND		**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO DIVIDEND 04/15		$815.38
04/16	REINVESTMENT	78.663	**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO DIVIDEND REINVESTMENT 04/15 REINV SHARE PRICE: $10.34		-$813.38-
04/30	INTEREST		INTEREST ON CREDIT BALANCE AT 4.200% 03/31 THRU 04/29		18.55

Other Activity

Date	Transaction	Quantity	Description	Price	Amount
04/27	TRANSFER	5,972.880	LEGG MASON CASH RESERVE TRUST LMCRT PM BUY		$5,972.88-

See Reverse Side For Important Information

Account Maintained by Legg Mason Wood Walker, Inc. Member SIPC

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

LM Financial Partners Inc.
Member NASD/Member SIPC

Schedule 8
P. 11

Page: 2 *Duplicate*
Account:
Tax-ID:
F.A.: TLH

April 30, 1999

CAROLYN WAUGH

Other Activity (continued)

Date	Transaction	Quantity	Description	Price	Amount
04/28	REDEMPTION	1,000-	LEGG MASON CASH RESERVE TRUST CHECK REDEMPTION #6 04/26 $1000.00		

Portfolio Summary

Securities prices used in your portfolio summary are obtained from outside services and their accuracy cannot be guaranteed. These values are provided as a general guide but in some cases may not reflect the actual market price. If an exact price is needed, contact your Financial Advisor.

Legg Mason Money Market Funds

Shares	Description	Price	Market Value
4,980.450	LEGG MASON CASH RESERVE TRUST OPENING MARKET VALUE: $7.57 7 DAY YIELD AS OF 04/28: 4.190%	1.00	$4,980.45

Market Value of Legg Mason Money Market Fund **$4,980.45**
2.8% of Portfolio

Legg Mason Bond Funds

Shares	Description	Price	Market Value
16,871.508	**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO OPENING SHARES : 16,792.645 PRICE : $10.24 MARKET VALUE: $171,956.68 30 DAY YIELD AS OF 04/28: 5.430%	10.28	$173,437.05

Market Value of Legg Mason Bond Funds **$173,437.05**
97.2% of Portfolio

Account Instructions

Investment Objectives

Investment objectives for your account are shown below. If you have any questions concerning these objectives, or wish to change them, please contact your Financial Advisor.

1. Long term growth

Delivery Instructions

Securities in your account will be held by Legg Mason for your benefit.
Cash balances will be held in your account.

Statement Continued on Reverse Side

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

LM Financial Partners Inc.
Member NASD/Member SIPC

Schedule B

Page: 1 "Duplicate"
Account:
Tax-ID:
F.A.: TLH

May 31, 1999

Last Statement
April 30, 1999

33.559

CAROLYN WAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515-4205

Your Financial Advisor

THOMAS L. HERBERT
LM FINANCIAL PARTNERS
210 EAST MAIN STREET
FRANKLIN TN 37064-2507
(615) 591-1051

Account Value

Cash Balance	18.55
LM Money Market Funds	4,991.85
LM Bond funds	171,258.07
Approximate Value	
This Statement	176,268.47
Last Statement	170,436.05

You may have purchased mutual funds, annuities, limited partnerships or other investments which are not reported as positions on this statement. If so, you will receive periodic statements directly from the fund, insurance company or partnership.

Income & Related Information

	This Month	Year to Date
Legg Mason Mutual Funds		
CASH RESERVE TRUST		
Dividends	11.40	25.08
INVESTMENT GRADE INCOME PORTFOLIO		
Dividends	862.11	3,520.96
Other Income		
Credit Interest	0.00	77.17
Total Income	873.51	3,621.21
Taxable Income	873.51	3,621.21

Cash Balance Summary

	Cash
Opening Balance	18.55
Closing Balance	18.55

Income Activity

Date	Transaction	Quantity	Description	Price	Amount
05/18	DIVIDEND		LEGG MASON CASH RESERVE TRUST DIVIDEND 05/17		011.40
05/18	REINVESTMENT	11.400	LEGG MASON CASH RESERVE TRUST DIVIDEND REINVESTMENT 05/17		11.40-
05/18	DIVIDEND		##LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO DIVIDEND 05/17		862.11
05/18	REINVESTMENT	84.937	##LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO DIVIDEND REINVESTMENT 05/17 REINV SHARE PRICE: 010.15		862.11-

See Reverse Side For Important Information

Account Maintained by Legg Mason Wood Walker, Inc. Member SIPC

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

LM Financial Partners Inc.
Member NASD/Member SIPC

Schedule 8
P. 17

Page: 2 "Duplicate"
Account:
Tax-ID:
F.A.: TLH

May 31, 1999

CAROLYN WAUGH

Portfolio Summary

Securities prices used in your portfolio summary are obtained from outside services and their accuracy cannot be guaranteed. These values are provided as a general guide but in some cases may not reflect the actual market price. If an exact price is needed, contact your Financial Advisor.

Legg Mason Money Market Funds

Shares	Description	Price	Market Value
4,991.850	LEGG MASON CASH RESERVE TRUST OPENING MARKET VALUE: $4,980.45 7 DAY YIELD AS OF 05/26: 4.140%	1.00	$4,991.85

Market Value of Legg Mason Money Market Fund $4,991.85
2.8% of Portfolio

Legg Mason Bond Funds

Shares	Description	Price	Market Value
16,956.245	**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO OPENING SHARES : 16,871.308 PRICE : $10.28 MARKET VALUE: $173,437.05 30 DAY YIELD AS OF 05/26: 5.500%	10.10	$171,258.07

Market Value of Legg Mason Bond Funds $171,258.07
97.2% of Portfolio

Account Instructions

Investment Objectives

Investment objectives for your account are shown below. If you have any questions concerning these objectives, or wish to change them, please contact your Financial Advisor.

1. Long term growth

Delivery Instructions

Securities in your account will be held by Legg Mason for your benefit.
Cash balances will be held in your account

Duplicate Statement for the Account of:

MARY CLEMENT
8202 TREEBROOKE LANE
ALEXANDRIA VA 22308-1706

* ---------- End of Statement For Account 488-10236 ---------- *

Account Maintained by Legg Mason Wood Walker, Inc. Member SIPC

CLD1 274 96,859 2 B A 21 05/29/99, 16 01

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

LM Financial Partners Inc.
Member NASD/Member SIPC

Schedule 8
P.14

Page: 1 "Duplicate"
Account:
Tax-ID:
F.A.: TLN

42438

June 30, 1999

Last Statement
May 31, 1999

CAROLYN HAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515-4205

Your Financial Advisor

THOMAS L. HERBERT
LM FINANCIAL PARTNERS
210 EAST MAIN STREET
FRANKLIN TN 37064-2507
(615) 591-1051

Account Value

Cash Balance	18.55
LM Money Market Funds	5,008.46
LM Bond funds	170,277.27
Approximate Value	
This Statement	175,304.28
Last Statement	176,268.47

You may have purchased mutual funds, annuities, limited partnerships or other investments which are not reported as positions on this statement. If so, you will receive periodic statements directly from the fund, insurance company or partnership

Income & Related Information

	This Month	Year to Date
Legg Mason Mutual Funds		
CASH RESERVE TRUST		
Dividends	16.61	39.69
INVESTMENT GRADE INCOME PORTFOLIO		
Dividends	862.83	4,383.79
ST Capital Gains	528.34	528.34
Other Income		
Credit Interest	0.00	77.17
Total Income	1,407.78	5,028.99
Taxable Income	1,407.78	5,028.99

Cash Balance Summary

	Cash
Opening Balance	18.55
Closing Balance	18.55

Income Activity

Date	Transaction	Quantity	Description	Price	Amount
06/16	DIVIDEND		LEGG MASON CASH RESERVE TRUST DIVIDEND 06/15		$16.61
06/16	REINVESTMENT	16.610	LEGG MASON CASH RESERVE TRUST DIVIDEND REINVESTMENT 06/15		16.61-
06/16	DIVIDEND		**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO DIVIDEND 06/15		862.83
06/16	REINVESTMENT	86.979	**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO DIVIDEND REINVESTMENT 06/15 REINV SHARE PRICE: $9.92		862.83-
06/18	S/T CAP GAIN		**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO S/T CAP GAIN 06/17 RATE PER SHARE: $0.031		528.34

See Reverse Side For Important Information

Account Maintained by Legg Mason Wood Walker, Inc. Member SIPC

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

LM Financial Partners Inc.
Member NASD/Member SIPC

Schedule 8 p.15

Page: 2 *Duplicate*
Account:
Tax-ID:
F.A.: TLH

June 30, 1999

CAROLYN HAUGH

Income Activity (continued)

Date	Transaction	Quantity	Description	Price	Amount
06/18	REINVESTMENT	52.887	**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO S/T CAP GAIN REINV 06/17 REINV SHARE PRICE: $9.99		$528.34-

Portfolio Summary

Securities prices used in your portfolio summary are obtained from outside services and their accuracy cannot be guaranteed. These values are provided as a general guide but in some cases may not reflect the actual market price. If an exact price is needed, contact your Financial Advisor.

Legg Mason Money Market Funds

Shares	Description	Price	Market Value
5,008.460	LEGG MASON CASH RESERVE TRUST OPENING MARKET VALUE: $4,991.85 7 DAY YIELD AS OF 06/28: 4.210%	1.00	$5,008.46

Market Value of Legg Mason Money Market Fund **$5,008.46**
2.9% of Portfolio

Legg Mason Bond Funds

Shares	Description	Price	Market Value
17,096.111	**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO OPENING SHARES : 16,956.245 PRICE : $10.10 MARKET VALUE: $171,258.07 30 DAY YIELD AS OF 06/28: 6.060%	9.96	$170,277.27

Market Value of Legg Mason Bond Funds **$170,277.27**
97.1% of Portfolio

Account Instructions

Investment Objectives

Investment objectives for your account are shown below. If you have any questions concerning these objectives, or wish to change them, please contact your Financial Advisor.

1. Long term growth

Delivery Instructions

Securities in your account will be held by Legg Mason for your benefit.
Cash balances will be held in your account.

Statement Continued on Reverse Side

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

LM Financial Partners Inc.
Member NASD/Member SIPC

Scheduled P.16

Page: 1 *Duplicate*
Account:
Tax-ID: ---
F.A.: TLM

July 31, 1999

Last Statement
June 30, 1999

33,437

CAROLYN HAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515-4205

Your Financial Advisor

THOMAS L. HERBERT
LM FINANCIAL PARTNERS
210 EAST MAIN STREET
FRANKLIN TN 37064-2507
(615) 591-1051

Account Value

Cash Balance	10.55
LM Money Market Funds	5,925.99
LM Bond Funds	169,273.85
Approximate Value	
This Statement	175,210.39
Last Statement	175,304.28

You may have purchased mutual funds, annuities, limited partnerships or other investments which are not reported as positions on this statement. If so, you will receive periodic statements directly from the fund, insurance company or partnership.

Income & Related Information

	This Month	Year to Date
Legg Mason Mutual Funds		
CASH RESERVE TRUST		
Dividends	17.53	57.22
INVESTMENT GRADE INCOME PORTFOLIO		
Dividends	889.62	5,273.41
ST Capital Gains	0.00	520.34
Other Income		
Credit Interest	0.00	77.17
Total Income	907.15	5,936.14
Taxable Income	907.15	5,936.14

Cash Balance Summary

	Cash
Opening Balance	10.55
Closing Balance	10.55

Income Activity

Date	Transaction	Quantity	Description	Price	Amount
07/16	DIVIDEND		LEGG MASON CASH RESERVE TRUST DIVIDEND 07/15		$17.53
07/16	REINVESTMENT	17.550	LEGG MASON CASH RESERVE TRUST DIVIDEND REINVESTMENT 07/15		17.53-
07/16	DIVIDEND		**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO DIVIDEND 07/15		889.62
07/16	REINVESTMENT	89.051	**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO DIVIDEND REINVESTMENT 07/15 REINV SHARE PRICE: 9.99		889.62-

See Reverse Side For Important Information

Account Maintained by Legg Mason Wood Walker, Inc. Member SIPC

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

LM Financial Partners Inc.
Member NASD/Member SIPC

Schedule 1.17

Page: 2 *Duplicate*
Account:
Tax-ID: -- -
F.A.: TLH

July 31, 1999

CAROLYN WAUGH

Other Activity

Date	Transaction	Quantity	Description	Price	Amount
07/23	REDEMPTION	1,100-	LEGG MASON CASH RESERVE TRUST CHECK REDEMPTION #7 07/22 $1100.00		

Portfolio Summary

Securities prices used in your portfolio summary are obtained from outside services and their accuracy cannot be guaranteed. These values are provided as a general guide but in some cases may not reflect the actual market price. If an exact price is needed, contact your Financial Advisor.

Legg Mason Money Market Funds

Shares	Description	Price	Market Value
3,925.990	LEGG MASON CASH RESERVE TRUST OPENING MARKET VALUE: $5,008.46 7 DAY YIELD AS OF 07/28: 4.430%	1.00	$3,925.99

Market Value of Legg Mason Money Market Fund $3,925.99
2.3% of Portfolio

Legg Mason Bond Funds

Shares	Description	Price	Market Value
17,185.162	**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO OPENING SHARES : 17,096.111 PRICE : $9.96 MARKET VALUE: $170,277.27 30 DAY YIELD AS OF 07/28: 6.250%	9.85	$169,273.85

Market Value of Legg Mason Bond Funds $169,273.85
97.7% of Portfolio

Account Instructions

Investment Objectives

Investment objectives for your account are shown below. If you have any questions concerning these objectives, or wish to change them, please contact your Financial Advisor.

1 Long term growth

Delivery Instructions

Securities in your account will be held by Legg Mason for your benefit.
Cash balances will be held in your account.

Statement Continued on Reverse Side

LM Financial Partners Inc.
Member NASD/Member SIPC

Schedule 8 p.18

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

Page: 1 *Duplicate*
Account:
Tax-ID:
F.A.: TLM

August 31, 1999

Last Statement
July 31, 1999

35 657

CAROLYN HAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515-4205

Your Financial Advisor

THOMAS L. HERBERT
LM FINANCIAL PARTNERS
210 EAST MAIN STREET
FRANKLIN TN 37064-2507
(615) 591-1051

Account Value

Cash Balance	18.55
LM Money Market Funds	2,942.10
LM Bond funds	169,147.56
Approximate Value	
This Statement	172,108.21
Last Statement	173,218.39

You may have purchased mutual funds, annuities, limited partnerships or other investments which are not reported as positions on this statement. If so, you will receive periodic statements directly from the fund, insurance company or partnership.

Income & Related Information

	This Month	Year to Date
Legg Mason Mutual Funds		
CASH RESERVE TRUST		
Dividends	16.11	73.33
INVESTMENT GRADE INCOME PORTFOLIO		
Dividends	905.75	6,179.16
ST Capital Gains	0.00	528.34
Other Income		
Credit Interest	0.00	77.17
Total Income	921.86	6,858.00
Taxable Income	921.86	6,858.00

Cash Balance Summary

	Cash
Opening Balance	18.55
Closing Balance	18.55

Income Activity

Date	Transaction	Quantity	Description	Price	Amount
08/17	DIVIDEND		LEGG MASON CASH RESERVE TRUST DIVIDEND 08/16		$16.11
08/17	REINVESTMENT	16.110	LEGG MASON CASH RESERVE TRUST DIVIDEND REINVESTMENT 08/16		16.11-
08/17	DIVIDEND		**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO DIVIDEND 08/16		905.75
08/17	REINVESTMENT	92.423	**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO DIVIDEND REINVESTMENT 08/16 REINV SHARE PRICE: $9.80		905.75-

See Reverse Side For Important Information

Account Maintained by Legg Mason Wood Walker, Inc. Member SIPC

CL09 35 657 274 104 366 2 B A 21 09-02-99 10 40

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

LM Financial Partners Inc.
Member NASD/SIPC

Schedule 8 p.19

Page: 2 *Duplicate*
Account:
Tax-ID:
F.A.: TL11

August 31, 1999

CAROLYN HAUGH

Other Activity

Date	Transaction	Quantity	Description	Price	Amount
08/19	REDEMPTION	1,000-	LEGG MASON CASH RESERVE TRUST CHECK REDEMPTION #8 08/18 $1000.00		

Portfolio Summary

Securities prices used in your portfolio summary are obtained from outside services and their accuracy cannot be guaranteed. These values are provided as a general guide but in some cases may not reflect the actual market price. If an exact price is needed, contact your Financial Advisor.

Legg Mason Money Market Funds

Shares	Description	Price	Market Value
2,942.100	LEGG MASON CASH RESERVE TRUST OPENING MARKET VALUE: $3,925.99 7 DAY YIELD AS OF 08/27: 4.540%	1.00	$2,942.10

Market Value of Legg Mason Money Market Fund $2,942.10
1.7% of Portfolio

Legg Mason Bond Funds

Shares	Description	Price	Market Value
17,277.585	**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO OPENING SHARES : 17,185.162 PRICE : $9.85 MARKET VALUE: $169,273.85 30 DAY YIELD AS OF 08/27: 6.420%	9.79	$169,147.56

Market Value of Legg Mason Bond Funds $169,147.56
98.3% of Portfolio

Account Instructions

Investment Objectives

Investment objectives for your account are shown below. If you have any questions concerning these objectives, or wish to change them, please contact your Financial Advisor.

1. Long term growth

Delivery Instructions

Securities in your account will be held by Legg Mason for your benefit.
Cash balances will be held in your account.

Statement Continued on Reverse Side

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

LM Financial Partners Inc.
Member NASD/Member SIPC

Schedule 8 p.20

Page: 1 *Duplicate*
Account:
Tax-ID:
F.A.: TLH

September 30, 1999

Last Statement
August 31, 1999

45,584

CAROLYN WAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515-4205

Your Financial Advisor

THOMAS L. HERBERT
LM FINANCIAL PARTNERS
210 EAST MAIN STREET
FRANKLIN TN 37064-2507
(615) 591-1051

Account Value

Cash Balance	18.55
LM Money Market Funds	2,953.35
LM Bond funds	171,424.75
Approximate Value	
This Statement	174,396.65
Last Statement	172,108.21

You may have purchased mutual funds, annuities, limited partnerships or other investments which are not reported as positions on this statement. If so, you will receive periodic statements directly from the fund, insurance company or partnership.

Income & Related Information

	This Month	Year to Date
Legg Mason Mutual Funds		
CASH RESERVE TRUST		
Dividends	11.25	84.58
INVESTMENT GRADE INCOME PORTFOLIO		
Dividends	891.35	7,070.51
ST Capital Gains	0.00	528.34
Other Income		
Credit Interest	0.00	77.17
Total Income	902.60	7,760.60
Taxable Income	902.60	7,760.60

Cash Balance Summary

	Cash
Opening Balance	18.55
Closing Balance	18.55

Income Activity

Date	Transaction	Quantity	Description	Price	Amount
09/16	DIVIDEND		LEGG MASON CASH RESERVE TRUST DIVIDEND 09/15		$11.25
09/16	REINVESTMENT	11.250	LEGG MASON CASH RESERVE TRUST DIVIDEND REINVESTMENT 09/15		11.25-
09/16	DIVIDEND		**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO DIVIDEND 09/15		891.35
09/16	REINVESTMENT	90.677	**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO DIVIDEND REINVESTMENT 09/15 REINV SHARE PRICE: $9.83		891.35-

See Reverse Side For Important Information

Account Maintained by Legg Mason Wood Walker, Inc. Member SIPC

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

LM Financial Partners Inc.
Member NASD/Member SIPC

Schedule 8 p.21

Page: 2 *Duplicate*
Account:
Tax-ID:
F.A.: TLH

September 30, 1999

CAROLYN HAUGH

Portfolio Summary

Securities prices used in your portfolio summary are obtained from outside services and their accuracy cannot be guaranteed. These values are provided as a general guide but in some cases may not reflect the actual market price. If an exact price is needed, contact your Financial Advisor.

Legg Mason Money Market Funds

Shares	Description	Price	Market Value
2,953.350	LEGG MASON CASH RESERVE TRUST OPENING MARKET VALUE: $2,942.10 7 DAY YIELD AS OF 09/28: 4.590%	1.00	$2,953.35

Market Value of Legg Mason Money Market Fund $2,953.35
1.7% of Portfolio

Legg Mason Bond Funds

Shares	Description	Price	Market Value
17,368.262	**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO OPENING SHARES : 17,277.585 PRICE : $9.79 MARKET VALUE: $169,147.56 30 DAY YIELD AS OF 09/28: 6.360%	9.87	$171,424.75

Market Value of Legg Mason Bond Funds $171,424.75
98.3% of Portfolio

Account Instructions

Investment Objectives

Investment objectives for your account are shown below. If you have any questions concerning these objectives, or wish to change them, please contact your Financial Advisor.

1. Long term growth

Delivery Instructions

Securities in your account will be held by Legg Mason for your benefit.
Cash balances will be held in your account.

Duplicate Statement for the Account of:

MARY CLEMENT
8202 TREEBROOKE LANE
ALEXANDRIA VA 22308-1706

---------- End of Statement For Account 488-10236 ----------

Account Maintained by Legg Mason Wood Walker, Inc. Member SIPC

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

LM Financial Partners Inc.
Member NASD/Member SPC

Schedule 8 p.22

Page: 1 *Duplicate*
Account:
Tax-ID:
F.A.: TLH

October 31, 1999

Last Statement
September 30, 1999

35.921

CAROLYN WAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515-4205

Your Financial Advisor

THOMAS L. HERBERT
LM FINANCIAL PARTNERS
210 EAST MAIN STREET
FRANKLIN TN 37064-2567
(615) 591-1051

Account Value

Cash Balance	18.55
LM Money Market Funds	1,963.38
LM Bond funds	172,176.32
Approximate Value	
This Statement	174,158.25
Last Statement	174,396.65

You may have purchased mutual funds, annuities, limited partnerships or other investments which are not reported as positions on this statement. If so, you will receive periodic statements directly from the fund, insurance company or partnership.

Income & Related Information

	This Month	Year to Date
Legg Mason Mutual Funds		
CASH RESERVE TRUST		
Dividends	10.03	94.61
INVESTMENT GRADE INCOME PORTFOLIO		
Dividends	916.81	7,987.32
ST Capital Gains	0.00	528.34
Other Income		
Credit Interest	0.00	77.17
Total Income	926.84	8,687.44
Taxable Income	926.84	8,687.44

Cash Balance Summary

	Cash
Opening Balance	18.55
Closing Balance	18.55

Income Activity

Date	Transaction	Quantity	Description	Price	Amount
10/18	DIVIDEND		LEGG MASON CASH RESERVE TRUST DIVIDEND 10/15		$10.03
10/18	REINVESTMENT	10.030	LEGG MASON CASH RESERVE TRUST DIVIDEND REINVESTMENT 10/15		10.03-
10/18	DIVIDEND		**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO DIVIDEND 10/15		916.81
10/18	REINVESTMENT	93.839	**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO DIVIDEND REINVESTMENT 10/15 REINV SHARE PRICE: $9.77		916.81-

See Reverse Side For Important Information
Account Maintained by Legg Mason Wood Walker, Inc. Member SIPC

LM FINANCIAL PARTNERS℠

PREFERRED ACCOUNT

LM Financial Partners Inc.
Member NASD/Member SIPC

Schedule 8 p.23

Page: 2 *Duplicate*
Account:
Tax-ID:
F.A.: TLH

October 31, 1999

CAROLYN HAUGH

Other Activity

Date	Transaction	Quantity	Description	Price	Amount
10/07	REDEMPTION	1,000-	LEGG MASON CASH RESERVE TRUST CHECK REDEMPTION #9 10/06 $1000.00		

Portfolio Summary

Securities prices used in your portfolio summary are obtained from outside services and their accuracy cannot be guaranteed. These values are provided as a general guide but in some cases may not reflect the actual market price. If an exact price is needed, contact your Financial Advisor.

Legg Mason Money Market Funds

Shares	Description	Price	Market Value
1,963.380	LEGG MASON CASH RESERVE TRUST OPENING MARKET VALUE: $2,953.35 7 DAY YIELD AS OF 10/27: 4.600%	1.00	$1,963.38

Market Value of Legg Mason Money Market Fund $1,963.38
1.1% of Portfolio

Legg Mason Bond Funds

Shares	Description	Price	Market Value
17,462.101	**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO OPENING SHARES : 17,368.262 PRICE : $9.87 MARKET VALUE: $171,424.75 30 DAY YIELD AS OF 10/27: 6.570%	9.86	$172,176.32

Market Value of Legg Mason Bond Funds $172,176.32
98.9% of Portfolio

Account Instructions

Investment Objectives

Investment objectives for your account are shown below. If you have any questions concerning these objectives, or wish to change them, please contact your Financial Advisor.

1 Long term growth

Delivery Instructions

Securities in your account will be held by Legg Mason for your benefit.
Cash balances will be held in your account.

Statement Continued on Reverse Side

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

LM Financial Partners Inc.
Member NASD/Member SIPC

Schedule 8 p.34

Page: 1 *Duplicate*
Account:
Tax-ID:
F.A.: TLH

November 30, 1999

Last Statement
October 31, 1999

38,391

CAROLYN WAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515-4205

Your Financial Advisor

THOMAS L. HERBERT
LM FINANCIAL PARTNERS
210 EAST MAIN STREET
FRANKLIN TN 37064-2507
(615) 591-1051

Account Value

Cash Balance	10.55
LM Money Market Funds	1,971.10
LM Bond funds	172,970.64
Approximate Value	
This Statement	174,960.29
Last Statement	174,150.25

You may have purchased mutual funds, annuities, limited partnerships or other investments which are not reported as positions on this statement. If so, you will receive periodic statements directly from the fund, insurance company or partnership.

Income & Related Information

	This Month	Year to Date
Legg Mason Mutual Funds		
CASH RESERVE TRUST		
Dividends	7.72	102.33
INVESTMENT GRADE INCOME PORTFOLIO		
Dividends	977.80	8,965.12
ST Capital Gains	0.00	528.34
Other Income		
Credit Interest	0.00	77.17
Total Income	985.52	9,672.96
Taxable Income	985.52	9,672.96

Cash Balance Summary

	Cash
Opening Balance	10.55
Closing Balance	10.55

Income Activity

Date	Transaction	Quantity	Description	Price	Amount
11/16	DIVIDEND		LEGG MASON CASH RESERVE TRUST DIVIDEND 11/15		$7.72
11/16	REINVESTMENT	7.720	LEGG MASON CASH RESERVE TRUST DIVIDEND REINVESTMENT 11/15		7.72-
11/16	DIVIDEND		**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO DIVIDEND 11/15		977.80
11/16	REINVESTMENT	98.370	**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO DIVIDEND REINVESTMENT 11/15 REINV SHARE PRICE: $9.94		977.80-

See Reverse Side For Important Information

Account Maintained by Legg Mason Wood Walker, Inc. Member SIPC

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

LM Financial Partners Inc.
Member NASD/Member SIPC

Schedule 8 p. 25

Page: 2 *Duplicate*
Account:
Tax-ID:
F.A.: TLH

November 30, 1999

CAROLYN WAUGH

Portfolio Summary

Securities prices used in your portfolio summary are obtained from outside services and their accuracy cannot be guaranteed. These values are provided as a general guide but in some cases may not reflect the actual market price. If an exact price is needed, contact your Financial Advisor.

Legg Mason Money Market Funds

Shares	Description	Price	Market Value
1,971.100	LEGG MASON CASH RESERVE TRUST OPENING MARKET VALUE: $1,963.38 7 DAY YIELD AS OF 11/26: 4.780%	1.00	$1,971.10

Market Value of Legg Mason Money Market Fund $1,971.10
1.1% of Portfolio

Legg Mason Bond Funds

Shares	Description	Price	Market Value
17,560.471	**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO OPENING SHARES : 17,462.101 PRICE : $9.86 MARKET VALUE: $172,176.32 30 DAY YIELD AS OF 11/26: 6.480%	9.85	$172,970.64

Market Value of Legg Mason Bond Funds $172,970.64
98.9% of Portfolio

Account Instructions

Investment Objectives

Investment objectives for your account are shown below. If you have any questions concerning these objectives, or wish to change them, please contact your Financial Advisor.

1. Long term growth

Delivery Instructions

Securities in your account will be held by Legg Mason for your benefit.
Cash balances will be held in your account.

Duplicate Statement for the Account of:

MARY CLEMENT
6202 TREEBROOKE LANE
ALEXANDRIA VA 22308-1706

* ---------- End of Statement For Account 488-10236 ---------- *

Account Maintained by Legg Mason Wood Walker, Inc. Member SIPC

CLD1 274 123,157 Z B A 21 12/02/99, 12:32

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

LM Financial Partners Inc.
Member NASD/Member SIPC

Schedule 8 p. 26

Page: 1 *Duplicate*
Account:
Tax-ID:
F.A.: TLH

December 31, 1999

Last Statement
November 30, 1999

47,515

CAROLYN WAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515-4205

Your Financial Advisor

THOMAS L. HERBERT
LM FINANCIAL PARTNERS
210 EAST MAIN STREET
FRANKLIN TN 37064-2507
(615) 591-1051

Account Value

LM Money Market Funds	7.62
LM Bond funds	172,104.21
Approximate Value	
This Statement	172,191.83
Last Statement	174,960.29

You may have purchased mutual funds, annuities, limited partnerships or other investments which are not reported as positions on this statement. If so, you will receive periodic statements directly from the fund, insurance company or partnership.

Income & Related Information

	This Month	Year to Date
Legg Mason Mutual Funds		
CASH RESERVE TRUST		
Dividends	6.97	109.30
INVESTMENT GRADE INCOME PORTFOLIO		
Dividends	956.52	9,921.64
ST Capital Gains	0.00	528.34
Other Income		
Credit Interest	0.00	77.17
Total Income	963.49	10,636.45
Taxable Income	963.49	10,636.45

Cash Balance Summary

	Cash
Opening Balance	10.55
Closing Balance	0.00

Trade Activity

Date	Transaction	Quantity	Description	Price	Amount
12/16	YOU SOLD	51.931-	**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO EXCHANGE REDEMPTION AS OF 12/15/99	9.84	$511.00

Income Activity

Date	Transaction	Quantity	Description	Price	Amount
12/14	DIVIDEND		LEGG MASON CASH RESERVE TRUST LIQUIDATION DIVIDEND 12/13 $6.97 @ $1.00 PER SHR		$6.97
12/16	DIVIDEND		**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO DIVIDEND 12/15		956.52

See Reverse Side For Important Information

Account Maintained by Legg Mason Wood Walker, Inc. Member SIPC

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

LM Financial Partners Inc.
Member NASD/Member SIPC

Schedule 8 p.27

Page: 2 *Duplicate*
Account:
Tax-ID:
F.A.: TLH

December 31, 1999

CAROLYN HAUGH

Income Activity (continued)

Date	Transaction	Quantity	Description	Price	Amount
12/16	REINVESTMENT	97.207	**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO DIVIDEND REINVESTMENT 12/15 REINV SHARE PRICE: $9.84		$956.52-

Other Activity

Date	Transaction	Quantity	Description	Price	Amount
12/13	TRANSFER	528.900	LEGG MASON CASH RESERVE TRUST PM PURCHASE		$528.90-
12/14	REDEMPTION	503.380-	LEGG MASON CASH RESERVE TRUST FUNDS REDEEMED		503.38
12/14	REDEMPTION	2,500-	LEGG MASON CASH RESERVE TRUST CHECK REDEMPTION #10 12/10 $2500.00		
12/15	TRANSFER	503.380	LEGG MASON CASH RESERVE TRUST CXL LMCRT REDEEM		503.38-
12/16	EXCHANGE	511	LEGG MASON CASH RESERVE TRUST EXCHANGE PURCHASE 12/15		511.00-
12/17	REDEMPTION	503.380-	LEGG MASON CASH RESERVE TRUST		503.38

Portfolio Summary

Securities prices used in your portfolio summary are obtained from outside services and their accuracy cannot be guaranteed. These values are provided as a general guide but in some cases may not reflect the actual market price. If an exact price is needed, contact your Financial Advisor.

Legg Mason Money Market Funds

Shares	Description	Price	Market Value
7.620	LEGG MASON CASH RESERVE TRUST OPENING MARKET VALUE: $1,971.10 7 DAY YIELD AS OF 12/29: 4.880%	1.00	$7.62

Market Value of Legg Mason Money Market Fund $7.62
Less than 0.1% of Portfolio

Legg Mason Bond Funds

Shares	Description	Price	Market Value
17,605.747	**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO OPENING SHARES : 17,560.471 PRICE : $9.85 MARKET VALUE: $172,970.64 30 DAY YIELD AS OF 12/29: 6.600%	9.78	$172,184.21

Market Value of Legg Mason Bond Funds $172,184.21
100.0% of Portfolio

Statement Continued on Reverse Side

Account Maintained by Legg Mason Wood Walker, Inc. Member SIPC

Schedule 6
P.1

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD Member SIPC

PAGE 3
ACCOUNT:
TAX-ID :
F.A. : TLM

DECEMBER 31, 1999

RETIREMENT ACCOUNT SUMMARY
LEGG CUSTODIAN
FBO ROBERT W CLEMENT

PORTFOLIO SUMMARY (CONTINUED)

MUTUAL FUNDS (MUTUAL FUND SHARE BALANCES MAY NOT REFLECT RECENT ACTIVITY.)

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED ANNUAL INCOME	CURR YIELD
1.063	**EATON VANCE PRIME RATE RESERVES-SBI	9.92	$10.54	$.70	6.6
	MARKET VALUE OF MUTUAL FUNDS LESS THAN 0.1% OF PORTFOLIO		$10.54	$.70	6.9

ACCOUNT INSTRUCTIONS

INVESTMENT OBJECTIVES

INVESTMENT OBJECTIVES FOR YOUR ACCOUNT ARE SHOWN BELOW. IF YOU HAVE ANY QUESTIONS CONCERNING THESE OBJECTIVES OR WISH TO CHANGE THEM, PLEASE CONTACT YOUR FINANCIAL ADVISOR

1. LONG TERM GROWTH

DELIVERY INSTRUCTIONS

SECURITIES IN YOUR ACCOUNT WILL BE HELD BY LEGG MASON FOR YOUR BENEFIT.
CASH BALANCES WILL BE HELD IN YOUR ACCOUNT.

BENEFICIARY INFORMATION

PRIMARY BENEFICIARY MARY C CLEMENT 100%

THE BENEFICIARY DESIGNATION CONTAINED IN OUR RECORDS IS REFLECTED ABOVE.
IF THIS INFORMATION IS INCORRECT, PLEASE NOTIFY YOUR FINANCIAL ADVISOR.

UNLESS YOU HOLD UNPRICED SECURITIES, YOUR DECEMBER MONTHLY STATEMENT WILL DOUBLE AS YOUR RETIREMENT ACCOUNT SUMMARY DETAILING CONTRIBUTIONS MADE TO YOUR RETIREMENT ACCOUNT FOR 1999 DURING 1999 AS WELL AS THE FAIR MARKET VALUE. SHOULD YOU HOLD ANY UNPRICED SECURITIES, A SEPARATE RETIREMENT ACCOUNT SUMMARY WILL BE ISSUED IN JANUARY. THIS INFORMATION WILL BE REPORTED TO THE INTERNAL REVENUE SERVICE. PLEASE REPORT ANY DISCREPANCIES TO YOUR FINANCIAL ADVISOR. ANY CONTRIBUTIONS MADE BETWEEN JANUARY 1, 2000 AND APRIL 17, 2000 FOR 1999 WILL BE REPORTED TO THE IRS ON FORM 5498 WHICH IS ISSUED IN MAY. IF YOU HAVE NOT MADE YOUR 1999 CONTRIBUTION YOU HAVE UNTIL APRIL 17, 2000 TO DO SO.

- END OF STATEMENT FOR ACCOUNT 468-80036 - - - - - - - -
ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER SIP

Schedule 6
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LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc
Member NASD | Member SIPC

PAGE : 3
ACCOUNT.
TAX-ID :
P.A. : TLS

DECEMBER 31, 1999

RETIREMENT ACCOUNT SUMMARY
LOWN CUSTODIAN
FBO ROBERT N CLEMENT

OTHER ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
12/08	STOCK DIV	720	SUN MICROSYSTEMS INC STK SPLIT ON 720 SHS REC 11/11/99 PAY 12/08/99		
12/31	STOCK DIV	100	MCI WORLDCOM INC STK SPLIT ON 200 SHS REC 12/15/99 Pay 12/31/99		

PORTFOLIO SUMMARY

SECURITIES PRICES USED IN YOUR PORTFOLIO SUMMARY ARE OBTAINED FROM OUTSIDE SERVICES AND THEIR ACCURACY CANNOT BE GUARANTEED. THESE VALUES ARE PROVIDED AS A GENERAL GUIDE BUT INSIDE CASES MAY NOT REFLECT THE ACTUAL MARKET PRICE. IF AN EXACT PRICE IS NEEDED CONTACT YOUR FINANCIAL ADVISOR.

EQUITIES

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED -- ANNUAL INCOME	CURRENT YIELD
350	AMERICAN FREIGHTWAYS CORP	16.188	5,663.80		
200	FIRST TENNESSEE NATIONAL CORP	18.80	3,760.00	3176.00	3.4%
1,698	GENEVA STEEL CO-CL A	.319	541.35		
108	JOHNSON & JOHNSON	93.123	10,057.50	132.98	1.1%
160	KEYSTONE AUTOMOTIVE INDUSTRIES INC	5.875	940.00		
300	MCI WORLDCOM INC	53.063	15,918.90		
540	RARE MEDIUM GROUP INC	34.138	18,417.52		
1,095	SOUTHWEST AIRLINES CO	16.188	17,725.86	16.09	0.1%
1,440	SUN MICROSYSTEMS INC	77.638	111,810.72		
	MARKET VALUE OF EQUITIES 99.7% OF PORTFOLIO		185,345.23	3331.25	9.1%

ASSET BACKED SECURITIES

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED - ANNUAL INCOME	CURRENT YIELD
2,000	MORGAN STANLEY MORTGAGE TRUST G CMO/SERIES C C-6-DEF INTR INTEREST FROM DATE 03/26/87 DATED DATE 03/06/87 DUE 07/20/2018 9.000% JAJO 20 AMORTIZED AMOUNT = 552 FACTOR = .26094000	99.537	5479.60	543.37	9.6%
	MARKET VALUE OF ASSET BACKED SECURITIES 0.3% OF PORTFOLIO		5479.60	543.37	9.0%

STATEMENT CONTINUED ON REVERSE SIDE

ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER SIPC

Schedule 6
P.3

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD/ Member SIPC

TICK :
ACCOUNT:
TAX-ID :
F A :

DECEMBER 31, 1999
LAST STATEMENT
NOVEMBER 30, 1999

RETIREMENT ACCOUNT SUMMARY

LPNW CUSTODIAN
FBO ROBERT M CLEMENT
INDIVIDUAL IRA
8301 TREMADOCKE LANE
ALEXANDRIA VA 22308-1706

YOUR FINANCIAL ADVISOR

THOMAS L. HEABERT
LM FINANCIAL PARTNERS
310 EAST MAIN STREET
FRANKLIN TN 37064-3507
(615) 591-3081

ACCOUNT VALUE

CASH BALANCE	33,118.43
EQUITIES	158,548.13
AGNCY BACKED SECURITIES	673.68
MUTUAL FUNDS	10.54

APPROXIMATE VALUE

THIS STATEMENT	213,161.78
LAST STATEMENT	188,737.88

YOU MAY HAVE PURCHASED MUTUAL FUNDS, ANNUITIES, LIMITED PARTNERSHIPS OR OTHER INVESTMENTS WHICH ARE NOT REPORTED AS POSITIONS ON THIS STATEMENT. IF SO, YOU WILL RECEIVE PERIODIC STATEMENTS DIRECTLY FROM THE FUND, INSURANCE COMPANY OR PARTNERSHIP.

INCOME & RETIREMENT PLAN ACCOUNTING

	THIS MONTH	YEAR TO DATE
OTHER INCOME		
CREDIT INTEREST	90.91	930.83
DIVIDENDS	30.18	387.43
INTEREST	0.00	42.36
CASH IN LIEU	0.00	61.11
TOTAL INCOME	121.11	1,202.03

CASH BALANCE SUMMARY

	CASH
OPENING BALANCE	33,005.39
CLOSING BALANCE	33,118.43

INCOME ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
12/01	DIVIDEND		**EATON VANCE PRIME RATE RESERVES-2BI RECORD 11/30/99 PAY 11/30/99		3.04
12/01	REINVESTMENT	.024	**EATON VANCE PRIME RATE RESERVES-2BI REINVEST PRICE 3 3.81		.04-
12/07	DIVIDEND		JOHNSON & JOHNSON CASH DIV ON 104 SHS REC 11/18/99 PAY 12/07/99		10.14
12/31	INTEREST		INTEREST ON CREDIT BALANCE AT 4.860% 11/30 THRU 12/31		0.91

SEE REVERSE SIDE FOR IMPORTANT INFORMATION
ACCOUNT MAINTAINED BY LEDG MARCH WOOD WALKER, INC. MEMBER SIP

Schedule L
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LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc
Member NASD/Member SIPC

PAGE : 1
ACCOUNT:
TAX-ID : 7La
F.A. :

LMAW CUSTODIAN
FBO ROBERT M CLEMENT

NOVEMBER 30, 1999

ACCOUNT INSTRUCTIONS (CONTINUED)
DELIVERY INSTRUCTIONS
SECURITIES IN YOUR ACCOUNT WILL BE HELD BY LEGG MASON FOR YOUR SAFEKEEPING.
CASH BALANCES WILL BE HELD IN YOUR ACCOUNT.

BENEFICIARY INFORMATION

PRIMARY BENEFICIARY MARY C CLEMENT 100%

THE BENEFICIARY DESIGNATION CONTAINED IN OUR RECORDS IS REFLECTED ABOVE.
IF THIS INFORMATION IS INCORRECT, PLEASE NOTIFY YOUR FINANCIAL ADVISOR.

- END OF STATEMENT FOR ACCOUNT 488-80036 - - - - - - - -

ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER SIP

Schedule 6
p.5

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD/Member SIPC

PAGE : 3
ACCOUNT:
TAX-ID :
F.A. : TLS

NOVEMBER 30, 1999

LEGG CUSTODIAN
FBO ROBERT H CLEMENT

PORTFOLIO SUMMARY

SECURITIES PRICES USED IN YOUR PORTFOLIO SUMMARY ARE OBTAINED FROM OUTSIDE SERVICES AND THEIR ACCURACY CANNOT BE GUARANTEED. THESE VALUES ARE PROVIDED AS A GENERAL GUIDE BUT INDEX CASES MAY NOT REFLECT THE ACTUAL MARKET PRICE. IF AN ACCURATE PRICE IS NEEDED CONTACT YOUR FINANCIAL ADVISOR.

EQUITIES

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED - ANNUAL INCOME	CURRENT YIELD
510	AMERICAN FRIENDSHAPE CORP	17.313	10,533.15		
300	FIRST TENNESSEE NATIONAL CORP	32.875	9,873.00	8176.30	3.8%
1,050	GENEVA STEEL CO-CL A	.39	413.33		
100	JOHNSON & JOHNSON	103.75	11,325.00	120.96	1.0%
160	KEYSTONE AUTOMOTIVE INDUSTRIES INC	5.75	920.00		
300	MCI WORLDCOM INC	85.989	25,797.00		
540	NAME MEDIUM GROUP INC	27.75	14,985.00		
1,605	SOUTHWEST AIRLINES CO	18.313	27,818.76	34.05	0.1%
720	SUN MICROSYSTEMS INC	133.28	95,953.00		
	MARKET VALUE OF EQUITIES 89.7% OF PORTFOLIO		$179,339.00	$121.05	0.1%

ASSET BACKED SECURITIES

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED - ANNUAL INCOME	CURRENT YIELD
3,000	MORGAN STANLEY MORTGAGE TRUST G CMO/SERIES G G-8-DEF INTR INTEREST FROM DATE 03/30/87 DATED DATE 03/01/87 DUE 07/20/2018 9.0000 JAJO 20 AMORTIZED AMOUNT - 693 FACTOR = .20694400	103.051	$463.13	$43.37	8.8%
	MARKET VALUE OF ASSET BACKED SECURITIES 0.3% OF PORTFOLIO		$482.11	$43.37	8.8%

MUTUAL FUNDS (MUTUAL FUND SHARE BALANCES MAY NOT REFLECT RECENT ACTIVITY.)

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED - ANNUAL INCOME	CURRENT YIELD
1.000	**FENTON VANCE PRIME RATE RESERVES-SBI	9.93	$10.51	5.05	0.5%
	MARKET VALUE OF MUTUAL FUNDS LESS THAN 0.1% OF PORTFOLIO		$10.51	5.05	0.5%

ACCOUNT INSTRUCTIONS
INVESTMENT OBJECTIVES
INVESTMENT OBJECTIVES FOR YOUR ACCOUNT ARE SHOWN BELOW. IF YOU HAVE ANY QUESTIONS CONCERNING THESE OBJECTIVES OR WISH TO CHANGE THEM, PLEASE CONTACT YOUR FINANCIAL ADVISOR.
1. LONG TERM GROWTH

STATEMENT CONTINUED ON REVERSE SIDE

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LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD/Member SIPC

PAGE : 1
ACCOUNT:
TAX-ID :
F.A. : TLM

NOVEMBER 30, 1999
LAST STATEMENT
OCTOBER 31, 1999

LEWW CUSTODIAN
FBO ROBERT W CLEMENT
INDIVIDUAL IRA
8202 TREEBROOKE LANE
ALEXANDRIA VA 22308-1704

YOUR FINANCIAL ADVISOR

THOMAS G. HERBERT
LM FINANCIAL PARTNERS
318 EAST MAIN STREET
FRANKLIN TN 37064-3367
(813) 131-1051

ACCOUNT VALUE

CASH BALANCE	32,003.37
EQUITIES	173,239.99
ASSET BACKED SECURITIES	482.13
MUTUAL FUNDS	10.51

APPROXIMATE VALUE

THIS STATEMENT	185,737.80
LAST STATEMENT	172,417.87

YOU MAY HAVE PURCHASED MUTUAL FUNDS, ANNUITIES, LIMITED PARTNERSHIPS OR OTHER INVESTMENTS WHICH ARE NOT REPORTED AS POSITIONS ON THIS STATEMENT. IF SO, YOU WILL RECEIVE PERIODIC STATEMENTS DIRECTLY FROM THE FUND, INSURANCE COMPANY OR PARTNERSHIP.

INCOME & RETIREMENT PLAN ACCOUNTING

	THIS MONTH	YEAR TO DATE
OTHER INCOME		
CREDIT INTEREST	89.75	880.02
DIVIDENDS	0.00	177.19
INTEREST	0.06	43.38
CASH IN LIEU	0.00	41.11
TOTAL INCOME	89.75	1,121.86

CASH BALANCE SUMMARY

	CASH
OPENING BALANCE	32,951.55
CLOSING BALANCE	32,003.37

INCOME ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
11/01	DIVIDEND		**EATON VANCE PRIME RATE RESERVES-SBI RECORD 10/29/99 PAY 10/29/99		9.05
11/01	REINVESTMENT	.908	**EATON VANCE PRIME RATE ASSETVER-SBI REINVEST PRICE : 9.98		.08-
11/20	INTEREST		INTEREST ON CREDIT BALANCE AT 4.678% 10/28 THRU 11/29		9.72

SEE REVERSE SIDE FOR IMPORTANT INFORMATION
ACCOUNT MAINTAINED BY LEDG MASON WOOD WALKER, INC. MEMBER SIP

Schedule 6
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LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD Member SIPC

PAGE 3
ACCOUNT:
TAX-ID :
F.A. : TLM

OCTOBER 31, 1993

LMAW CUSTODIAN
FBO ROBERT W CLEMENT

PORTFOLIO SUMMARY (CONTINUED)

MUTUAL FUNDS (MUTUAL FUND SHARE BALANCES MAY NOT REFLECT RECENT ACTIVITY.)

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	ESTIMATED ANNUAL INCOME	CURRENT YIELD
1.034	**EATON VANCE PRIME RATE RESERVES-SBI	9.94	$13.46	6.69	6.1*
	MARKET VALUE OF MUTUAL FUNDS LESS THAN 0.1% OF PORTFOLIO		$13.46	1.69	9.5*

ACCOUNT INSTRUCTIONS

INVESTMENT OBJECTIVES

INVESTMENT OBJECTIVES FOR YOUR ACCOUNT ARE SHOWN BELOW. IF YOU HAVE ANY QUESTIONS CONCERNING THESE OBJECTIVES, OR WISH TO CHANGE THEM, PLEASE CONTACT YOUR FINANCIAL ADVISOR.

1. LONG TERM GROWTH

DELIVERY INSTRUCTIONS

SECURITIES IN YOUR ACCOUNT WILL BE HELD BY LEGG MASON FOR YOUR BENEFIT.
CASH BALANCES WILL BE HELD IN YOUR ACCOUNT.

BENEFICIARY INFORMATION

PRIMARY BENEFICIARY MARY C CLEMENT 100%

THE BENEFICIARY DESIGNATION CONTAINED IN OUR RECORDS IS REFLECTED ABOVE.
IF THIS INFORMATION IS INCORRECT, PLEASE NOTIFY YOUR FINANCIAL ADVISOR.

- END OF STATEMENT FOR ACCOUNT 486-80036 - - - - - - - - -
ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER SIPC

Schedule b
P.8

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD Member SIPC

PAGE : 2
ACCOUNT:
TAX-ID : ---
F.A. : TLM

OCTOBER 31, 1986

LBMW CUSTODIAN
FBO ROBERT W CLEMENT

OTHER ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
10/06	MERGER	170-	CONTOCOR INC SHARE EXCHANGED - MERGER		
10/06	MERGER	106	JOHNSON & JOHNSON SHARE RECEIVED FROM MERGER		
10/13	CASH IN LIEU		JOHNSON & JOHNSON CASH IN LIEU OF FRAC SHARES		11.31

PORTFOLIO SUMMARY

SECURITIES PRICES USED IN YOUR PORTFOLIO SUMMARY ARE OBTAINED FROM OUTSIDE SERVICES AND THEIR ACCURACY CANNOT BE GUARANTEED. THESE VALUES ARE PROVIDED AS A GENERAL GUIDE BUT INCOME CASES MAY NOT REFLECT THE ACTUAL MARKET PRICE. IF AN EXACT PRICE IS NEEDED CONTACT YOUR FINANCIAL ADVISOR.

EQUITIES

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED -- ANNUAL INCOME	CURRENT YIELD
550	AMERICAN FREIGHTWAYS CORP	20.625	11,343.75		
300	FIRST TENNESSEE NATIONAL CORP	26.00	8,000.00	6176.00	2.7%
1,050	GENEVA STEEL CO-CL A	.601	631.05		
100	JOHNSON & JOHNSON	104.75	11,313.00	120.76	1.0%
150	KEYSTONE AUTOMOTIVE INDUSTRIES INC	6.583	1,875.00		
200	MCI WORLDCOM INC	88.813	17,163.65		
540	NARE MEDIUM GROWTH INC	14.75	9,945.00		
1,095	SOUTHWEST AIRLINES CO	16.813	18,413.24	24.03	0.1%
720	SUN MICROSYSTEMS INC	105.813	76,186.18		
	MARKET VALUE OF EQUITIES 39.7% OF PORTFOLIO		151,013.66	5221.33	0.3%

ASSET BACKED SECURITIES

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED - ANNUAL INCOME	CURRENT YIELD
3,000	MORGAN STANLEY MORTGAGE TRUST C CMO/SERIES G G-5-SBF ENTA INTEREST FROM DATE 05/08/03 DATED DATE 05/08/87 DUE 07/20/2016 9.040% JAN 25 AMORTIZED AMOUNT = 483 FACTOR = .16104000	89.227	6476.16	663.37	9.0%
	MARKET VALUE OF ASSET BACKED SECURITIES 8.3% OF PORTFOLIO		6476.16	663.37	9.0%

STATEMENT CONTINUED ON REVERSE SIDE

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LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD/Member SIPC

PAGE : 1
ACCOUNT:
TAX-ID :
F.A. : TLH

OCTOBER 31, 1995
LAST STATEMENT
SEPTEMBER 30, 1995

YOUR FINANCIAL ADVISOR

THOMAS L. HEARNEY
LM FINANCIAL PARTNERS
310 EAST MAIN STREET
FRANKLIN VA 23866-3407
(804) 291-1051

LMWS CUSTODIAN
FBO ROBERT H CLEMENT
INDIVIDUAL IRA
6303 TREKBROOKE LANE
ALEXANDRIA VA 22308-1706

ACCOUNT VALUE

CASH BALANCE	31,915.95
EQUITIES	151,013.60
ASSET BACKED SECURITIES	470.16
MUTUAL FUNDS	10.60

APPROXIMATE VALUE

THIS STATEMENT	173,417.07
LAST STATEMENT	153,788.49

YOU MAY HAVE PURCHASED MUTUAL FUNDS, ANNUITIES, LIMITED PARTNERSHIPS OR OTHER INVESTMENTS WHICH ARE NOT REPORTED AS POSITIONS ON THIS STATEMENT. IF SO, YOU WILL RECEIVE PERIODIC STATEMENTS DIRECTLY FROM THE FUND, INSURANCE COMPANY OR PARTNERSHIP.

INCOME & RETIREMENT PLAN ACCOUNTING

	THIS MONTH	YEAR TO DATE
OTHER INCOME		
CREDIT INTEREST	76.44	758.38
DIVIDENDS	38.84	177.38
INTEREST	10.84	43.36
CASH IN LIEU	01.11	01.11
TOTAL INCOME	166.43	1,031.03

CASH BALANCE SUMMARY

	CASH
OPENING BALANCE	31,736.33
CLOSING BALANCE	31,919.95

INCOME ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	$ CENT
10/01	DIVIDEND		**EATON VANCE PRIME RATE RESERVES-BDI RECORD 08/30/95 PAY 08/30/95		8.84
10/01	REINVESTMENT	.084	**EATON VANCE PRIME RATE RESERVES-BDI REINVEST PRICE @ 8.85		.84-
10/01	DIVIDEND		FIRST TENNESSEE NATIONAL CORP CASH DIV ON 300 SHS REC 09/30/95 PAY 10/01/95		6.00
10/20	INTEREST		MORGAN STANLEY MORTGAGE TRUST 8 CMO/SERIES 8 C-6-REV INTR DUE 07/20/1912 9.000 SUB INT ON 3000 BND REC 09/30/95 PAY 10/20/95		10.00
10/29	INTEREST		INTEREST ON CREDIT BALANCE AT 0.5004 09/30 THRU 10/29		9.40

SEE REVERSE SIDE FOR IMPORTANT INFORMATION
ACCOUNT MAINTAINED BY LEDC MORGAN WOOD WALKER, INC. MEMBER SIP

Schedule 6
p.10

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD/Member SIPC

PAGE : 1
ACCOUNT:
TAX-ID :
F.A. : TLM

SEPTEMBER 30, 1999

LMFM CUSTODIAN
FBO ROBERT W CLEMENT

ACCOUNT INSTRUCTIONS
INVESTMENT OBJECTIVES
INVESTMENT OBJECTIVES FOR YOUR ACCOUNT ARE SHOWN BELOW. IF YOU HAVE ANY QUESTIONS CONCERNING THESE OBJECTIVES, OR WISH TO CHANGE THEM, PLEASE CONTACT YOUR FINANCIAL ADVISOR.
1. LONG TERM GROWTH

DELIVERY INSTRUCTIONS
SECURITIES IN YOUR ACCOUNT WILL BE HELD BY LEGG MASON FOR YOUR BENEFIT.
CASH BALANCES WILL BE HELD IN YOUR ACCOUNT.

BENEFICIARY INFORMATION

PRIMARY BENEFICIARY MARY C CLEMENT 100%

THE BENEFICIARY DESIGNATION CONTAINED IN OUR RECORDS IS REFLECTED ABOVE.
IF THIS INFORMATION IS INCORRECT, PLEASE NOTIFY YOUR FINANCIAL ADVISOR.

- END OF STATEMENT FOR ACCOUNT 466-80036 - - - - - - - - - -

ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER SIPC

Schedule 6
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LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc
Member NASD/Member SIPC

PAGE :
ACCOUNT:
TAX-ID :
F.A. : TLM

SEPTEMBER 30, 1999

LEBW CUSTODIAN
FBO ROBERT M CLAMENT

OTHER ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
09/22	ADJUSTMENT	$64-	WILSON BANK HOLDING CO TRANSFER AGENT DELIVER TO WILSON BANK & TRUST		

PORTFOLIO SUMMARY

SECURITIES PRICES USED IN YOUR PORTFOLIO SUMMARY ARE OBTAINED FROM OUTSIDE SERVICES AND THEIR ACCURACY CANNOT BE GUARANTEED. THESE VALUES ARE PROVIDED AS A GENERAL GUIDE BUT IN SOME CASES MAY NOT REFLECT THE ACTUAL MARKET PRICE. IF AN ACCURATE PRICE IS NEEDED CONTACT YOUR FINANCIAL ADVISOR.

EQUITIES

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED - ANNUAL INCOME	CURRENT YIELD -
550	AMERICAN FREIGHTWAYS CORP	18.188	$10,003.40		
170	CENTOCOR INC	38.863	6,606.71		
300	FIRST TENNESSEE NATIONAL CORP	28.129	8,438.80	$132.00	2.7%
1,830	GENEVA STEEL CO-CL A	.25	478.50		
188	KEYSTONE AUTOMOTIVE INDUSTRIES INC	18.528	1,750.08		
200	MCI WORLDCOM INC	71.875	14,375.00		
560	BANK MEDIUM GROUP INC	10.582	5,926.02		
1,095	SOUTHWEST AIRLINES CO	15.188	16,630.86	24.28	0.1%
720	TUM HIGHSTRIKE INC	33.00	23,840.00		
	MARKET VALUE OF EQUITIES 99.6% OF PORTFOLIO		2131,482.57	$176.28	0.1%

ASSET BACKED SECURITIES

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED - ANNUAL INCOME	CURRENT YIELD -
2,000	MORGAN STANLEY MORTGAGE TRUST G CMO/SERIES C C-6-DET INTR INTEREST FROM DATE 03/30/87 DATED DATE 03/06/87 DUE 07/28/2018 3.000% JAJO 20 AMORTIZED AMOUNT - 862 FACTOR = .24098809	$9 861	$481.35	$42.37	8.8%
	MARKET VALUE OF ASSET BACKED SECURITIES 0 4% OF PORTFOLIO		$481.35	$63.37	9.0%

MUTUAL FUNDS (MUTUAL FUND SHARE BALANCES MAY NOT REFLECT RECENT ACTIVITY.)

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED - ANNUAL INCOME	CURRENT YIELD -
1.080	**EATON VANCE PRIME RATE RESERVES-BNI	9.55	$10.45	$.49	9.0%
	MARKET VALUE OF MUTUAL FUNDS LESS THAN 0.1% OF PORTFOLIO		$10.45	$.50	5.0%

STATEMENT CONTINUED ON REVERSE SIDE

Schedule 6
P.12

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD \ Member SIPC

PAGE : 1
ACCOUNT:
TAX-ID : *
F.A. : TLM

SEPTEMBER 30, 1999
LAST STATEMENT
AUGUST 31, 1999

LAWW CUSTODIAN
FBO ROBERT H CLEMENT
INDIVIDUAL IRA
6303 TREENSCOKE LANE
ALEXANDRIA VA 22306-1706

YOUR FINANCIAL ADVISOR

THOMAS L. HERNERT
LM FINANCIAL PARTNERS
310 EAST MAIN STREET
FRANKLIN NH 37064-3307
(615) 591-3051

ACCOUNT VALUE

CASH BALANCE	21,726.12
EQUITIES	131,693.57
ASSET BACKED SECURITIES	461.39
MUTUAL FUNDS	10.45

APPROXIMATE VALUE

THIS STATEMENT	153,700.49
LAST STATEMENT --	148,832.46

** DOES NOT INCLUDE UNPRICED SECURITIES

YOU MAY HAVE PURCHASED MUTUAL FUNDS, ANNUITIES, LIMITED PARTNERSHIPS OR OTHER INVESTMENTS WHICH ARE NOT REPORTED AS POSITIONS ON THIS STATEMENT. IF SO, YOU WILL RECEIVE PERIODIC STATEMENTS DIRECTLY FROM THE FUND, INSURANCE COMPANY OR PARTNERSHIP.

CASH BALANCE SUMMARY

	CASH
OPENING BALANCE	21,838.65
CLOSING BALANCE	21,726.12

INCOME & RETIREMENT PLAN ACCOUNTING

	THIS MONTH	YEAR TO DATE
OTHER INCOME		
CREDIT INTEREST	61.45	870.82
DIVIDENDS	0.00	139.06
INTEREST	0.00	32.52
TOTAL INCOME	67.51	642.40

INCOME ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
09/01	DIVIDEND		**EATON VANCE PRIME RATE RESERVES-SWI RECORD 08/31/99 PAY 08/31/99		5.04
09/01	REINVESTMENT	.004	**EATON VANCE PRIME RATE RESERVES-SWI REINVEST PRICE @ 9.06		.04-
09/23	DIVIDEND		SOUTHWEST AIRLINES CO CASH DIV ON 1095 SHS REC 08/31/99 PAY 09/12/99		8.03
09/30	INTEREST		INTEREST ON CREDIT BALANCE AT 4.5804 08/31 THRU 09/29		1.49

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

ACCOUNT MAINTAINED BY LEHC MASON WOOD WALKER, INC. MEMBER SIP

Schedule 6
P.13

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD/Member SIPC

PAGE : 3
ACCOUNT:
TAX-ID : [illegible]
F.A. : [illegible]

SEPTEMBER 30, 1999

LEGG CUSTODIAN
FBO ROBERT H CLEMENT

ACCOUNT INSTRUCTIONS
INVESTMENT OBJECTIVES
INVESTMENT OBJECTIVES FOR YOUR ACCOUNT ARE SHOWN BELOW. IF YOU HAVE ANY QUESTIONS CONCERNING THESE OBJECTIVES, OR WISH TO CHANGE THEM, PLEASE CONTACT YOUR FINANCIAL ADVISOR.
1. LONG TERM GROWTH

DELIVERY INSTRUCTIONS
SECURITIES IN YOUR ACCOUNT WILL BE HELD BY LEGG MASON FOR YOUR BENEFIT.
CASH BALANCES WILL BE HELD IN YOUR ACCOUNT.

BENEFICIARY INFORMATION
PRIMARY BENEFICIARY MARY C CLEMENT 100%

THE BENEFICIARY DESIGNATION CONTAINED IN OUR RECORDS IS REFLECTED ABOVE
IF THIS INFORMATION IS INCORRECT, PLEASE NOTIFY YOUR FINANCIAL ADVISOR.

- END OF STATEMENT FOR ACCOUNT 468-82036 - - - - - - - - -
ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC MEMBER SIP

Schedule 6
p.14

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD/Member SIPC

PAGE : 3
ACCOUNT:
TAX-ID :
F.A. : TLR

SEPTEMBER 30, 1998

LMFP CUSTODIAN
FBO ROBERT M CLEMENT

OTHER ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
08/13	ADJUSTMENT	(24-	WILSON BANK HOLDING CO TRANSFER AGENT DELIVER TO WILSON BANK & TRUST		

PORTFOLIO SUMMARY

SECURITIES PRICES USED IN YOUR PORTFOLIO SUMMARY ARE OBTAINED FROM OUTSIDE SERVICES AND THEIR ACCURACY CANNOT BE GUARANTEED. THESE VALUES ARE PROVIDED AS A GENERAL GUIDE BUT INCOME CASES MAY NOT REFLECT THE ACTUAL MARKET PRICE. IF AN EXACT PRICE IS NEEDED CONTACT YOUR FINANCIAL ADVISOR.

EQUITIES

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED - ANNUAL INCOME	CURRENT YIELD
550	AMERICAN FREIGHTWAYS CORP	18.375	$10,031.40		
170	CENTOCOR INC	56.813	9,659.71		
200	FIRST TENNESSEE NATIONAL CORP	38.125	7,625.00	$152.00	2.1%
1,930	GENEVA STEEL CO-CL A	.23	878.80		
150	KEYSTONE AUTOMOTIVE INDUSTRIES INC	18.850	2,750.00		
200	MCI WORLDCOM INC	71.975	14,378.00		
640	BANK MEDIUM GROUP INC	18.981	5,706.00		
1,095	SOUTHWEST AIRLINES CO	15.188	16,630.66	24.93	0.1%
720	SUN MICROSYSTEMS INC	93.00	66,960.00		
	MARKET VALUE OF EQUITIES 98.68 OF PORTFOLIO		$131,682.57	$176.09	0.1%

ASSET BACKED SECURITIES

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED - ANNUAL INCOME	CURRENT YIELD
5,000	MORGAN STANLEY MORTGAGE TRUST 0 CMO/SERIES 0 0-4-DEF INTR INTEREST FROM DATE 03/30/87 DATED DATE 03/08/87 DUE 07/30/2016 0.000% JAJO 29 AMORTIZED AMOUNT - 682 FACTOR - .24094009	98.891	$481.35	$43.37	9.0%
	MARKET VALUE OF ASSET BACKED SECURITIES 0.4% OF PORTFOLIO		$481.35	$43.37	0.0%

MUTUAL FUNDS (MUTUAL FUND SHARE BALANCES MAY NOT REFLECT RECENT ACTIVITY.)

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED - ANNUAL INCOME	CURRENT YIELD
1,010	**EATON VANCE PRIME RATE RESERVES-SBI	9.58	610.65	5.49	6.6%
	MARKET VALUE OF MUTUAL FUNDS LESS THAN 0.1% OF PORTFOLIO		610.65	5.49	0.0%

STATEMENT CONTINUED ON REVERSE SIDE

Schedule 6
p.15

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD/Member SIPC

PAGE : 1
ACCOUNT:
TAX-ID : --
F.A. : TLM

SEPTEMBER 30, 1999
LAST STATEMENT
AUGUST 31, 1999

LEGG CUSTODIAN
FBO ROBERT W CLEMENT
INDIVIDUAL IRA
8182 TREEHOUSE LANE
ALEXANDRIA VA 22308-1706

YOUR FINANCIAL ADVISOR

THOMAS L. MERRERT
LM FINANCIAL PARTNERS
310 EAST MAIN STREET
FRANKLIN IN 37064-3567
(615) 591-1091

ACCOUNT VALUE

CASH BALANCE	31,726.33
EQUITIES	131,483.97
ASSET BACKED SECURITIES	461.33
MUTUAL FUNDS	10.45

APPROXIMATE VALUE

THIS STATEMENT	163,700.48
LAST STATEMENT **	148,833.44

** DOES NOT INCLUDE UNPRICED SECURITIES

YOU MAY HAVE PURCHASED MUTUAL FUNDS, ANNUITIES, LIMITED PARTNERSHIPS OR OTHER INVESTMENTS WHICH ARE NOT REPORTED AS POSITIONS ON THIS STATEMENT. IF SO, YOU WILL RECEIVE PERIODIC STATEMENTS DIRECTLY FROM THE FUND, INSURANCE COMPANY OR PARTNERSHIP.

INCOME & RETIREMENT PLAN ACCOUNTING

	THIS MONTH	YEAR TO DATE
OTHER INCOME		
CREDIT INTEREST	81.41	670.82
DIVIDENDS	8.84	139.04
INTEREST	0.00	32.93
TOTAL INCOME	87.51	842.80

CASH BALANCE SUMMARY

	CASH
OPENING BALANCE	31,638.83
CLOSING BALANCE	31,726.33

INCOME ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
08/01	DIVIDEND		**ENTER VOICE PHONE RATE		8.84
			RECEIVES-SBI		
			RECORD 08/31/99 PAY 09/01/99		
08/01	REINVESTMENT	.034	**ENTER VOICE PHONE RATE		.04-
			RECEIVES-SBI		
			REINVEST PRICE 1 3.86		
08/27	DIVIDEND		GOVERNMENT AIRLINES CO		8.83
			CASH DIV CW 1091 SRS		
			REC 08/01/99 PAY 09/22/99		
08/30	INTEREST		INTEREST ON CREDIT BALANCE		+1.63
			AT 4.1604 08/31 THRU 09/30		

SEE REVERSE SIDE FOR IMPORTANT INFORMATION
ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER SIE

Schedule 6
p.16

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD/Member SIPC

PAGE :
ACCOUNT:
TAX-ID :
F.A. : TLH

AUGUST 31, 1999

LEGG CUSTODIAN
FBO ROBERT W CLEMENT

ACCOUNT INSTRUCTIONS
INVESTMENT OBJECTIVES
INVESTMENT OBJECTIVES FOR YOUR ACCOUNT ARE SHOWN BELOW. IF YOU HAVE ANY QUESTIONS CONCERNING THESE OBJECTIVES OR WISH TO CHANGE THEM, PLEASE CONTACT YOUR FINANCIAL ADVISOR.
1. LONG TERM GROWTH

DELIVERY INSTRUCTIONS
SECURITIES IN YOUR ACCOUNT WILL BE HELD BY LEGG MASON FOR YOUR BENEFIT.
CASH BALANCES WILL BE HELD IN YOUR ACCOUNT.

BENEFICIARY INFORMATION

PRIMARY BENEFICIARY MARY C CLEMENT 100%

THE BENEFICIARY DESIGNATION CONTAINED IN OUR RECORDS IS REFLECTED ABOVE.
IF THIS INFORMATION IS INCORRECT, PLEASE NOTIFY YOUR FINANCIAL ADVISOR.

- END OF STATEMENT FOR ACCOUNT 888-88836 - - - - - - - -
ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER SIP

Schedule 6
P.17

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD/Member SIPC

PAGE : 2
ACCOUNT:
TAX-ID :
F.B. : TL.

AUGUST 31, 1990

LMAN CUSTODIAN
FBO ROBERT W CLEMENT

PORTFOLIO SUMMARY

SECURITIES PRICES USED IN YOUR PORTFOLIO SUMMARY ARE OBTAINED FROM OUTSIDE SERVICES AND THEIR ACCURACY CANNOT BE GUARANTEED. THESE VALUES ARE PROVIDED AS A GENERAL GUIDE BUT INSOME CASES MAY NOT REFLECT THE ACTUAL MARKET PRICE. IF AN EXACT PRICE IS NEEDED CONTACT YOUR FINANCIAL ADVISOR.

EQUITIES

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED - ANNUAL INCOME	CURRENT YIELD
550	AMERICAN FREIGHTWAYS CORP	21.60	11,880.00		
190	CENTOCOR INC	53.875	10,236.75		
300	FIRST TENNESSEE NATIONAL CORP	22.00	6,600.00	$132.00	2.0%
1,050	GENEVA STEEL CO-CL A	.391	411.55		
100	KEYSTONE AUTOMOTIVE INDUSTRIES INC	16.50	1,650.00		
100	NCT WORLDCOM INC	75.75	18,185.99		
540	NAME MEDIUM GROUP INC	9.00	5,130.00		
1,081	SOUTHWEST AIRLINES CO	16.686	18,271.34	24.05	0.1%
720	STM MICROSYSTEMS INC	79.50	57,240.00		

MARKET VALUE OF EQUITIES $138,735.73 $156.05 0.1%
98.4% OF PORTFOLIO

ASSET BACKED SECURITIES

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED - ANNUAL INCOME	CURRENT YIELD
3,000	MORGAN STANLEY MORTGAGE TRUST S CMO/SERIES G G-6-DEF INTR INTEREST FROM DATE 03/30/87 DATED DATE 03/30/87 DUE 07/10/1918 3.0000 JAN 30 AMORTIZED AMOUNT = 483 FACTOR = .3405405B	99.113	2977.50	363.37	8.1%

MARKET VALUE OF ASSET BACKED SECURITIES $2977.50 $363.37 8.1%
0.4% OF PORTFOLIO

MUTUAL FUNDS (MUTUAL FUND SHARE BALANCES MAY NOT REFLECT RECENT ACTIVITY.)

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED - ANNUAL INCOME	CURRENT YIELD
2.946	**EATON VANCE PRIME RATE RESERVES-BDI	9.97	$30.43	$.66	6.3%

MARKET VALUE OF MUTUAL FUNDS $30.43 $.05 6.5%
LESS THAN 0.1% OF PORTFOLIO

UNPRICED SECURITIES

QUANTITY	DESCRIPTION
354	WILSON BANK HOLDING CO

STATEMENT CONTINUED ON REVERSE SIDE
ACCOUNT MAINTAINED BY LEDC MASON WOOD WALKER, INC. MEMBER SIP

Schedule 6
P.18

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD/Member SIPC

PAGE : 1
ACCOUNT:
TAX-ID :
F.A. : TLE

AUGUST 31, 1998
LAST STATEMENT
JULY 31, 1998

YOUR FINANCIAL ADVISOR

THOMAS L. MEABERY
LM FINANCIAL PARTNERS
110 EAST MAIN STREET
FRANKLIN TN 37064-2507
(615) 891-1051

LABON CUSTODIAN
FBO ROBERT W CLEMENT
INDIVIDUAL IRA
6308 TREEBROOK LANE
ALEXANDRIA VA 22308-1706

ACCOUNT VALUE

CASH BALANCE	31,638.55
EQUITIES	136,785.76
ASSET BACKED SECURITIES	477.60
MUTUAL FUNDS	10.43

APPROXIMATE VALUE

THIS STATEMENT **	168,412.44
LAST STATEMENT **	168,816.48

** DOES NOT INCLUDE UNPRICED SECURITIES

YOU MAY HAVE PURCHASED MUTUAL FUNDS, ANNUITIES, LIMITED PARTNERSHIPS OR OTHER INVESTMENTS WHICH ARE NOT REPORTED AS POSITIONS ON THIS STATEMENT. IF SO, YOU WILL RECEIVE PERIODIC STATEMENTS DIRECTLY FROM THE FUND, INSURANCE COMPANY OR SPONSORSHIP.

INCOME & RETIREMENT PLAN ACCOUNTING

	THIS MONTH	YEAR TO DATE
OTHER INCOME		
CASH/ INTEREST	13.71	869.37
DIVIDEND	0.04	133.00
INTEREST	0.00	32.63
TOTAL INCOME	13.75	784.89

CASH BALANCE SUMMARY

	CASH
OPENING BALANCE	31,924.86
CLOSING BALANCE	31,638.55

INCOME ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
08/03	DIVIDEND		**EATON VANCE PRIME RATE RESERVES-SBI RECORD 07/30/98 PAY 07/30/98		0.04
08/03	REINVESTMENT	.004	**EATON VANCE PRIME RATE RESERVES-SBI REINVEST PRICE @ 9.97		.04-
08/31	INTEREST		INTEREST ON CASH/ BALANCE AT 6.430% 07/30 THRU 08/30		13.71

SEE REVERSE SIDE FOR IMPORTANT INFORMATION
ACCOUNT MAINTAINED BY LEDC BEACH WOOD WALKER, INC. MEMBER SIP

Schedule 6
P.19

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD/Member SIPC

PAGE : 3
ACCOUNT:
TAX-ID :
F.A. : TLM

JULY 31, 1995

LMBW CUSTODIAN
FBO ROBERT H CLEMENT

PORTFOLIO SUMMARY (CONTINUED)

MUTUAL FUNDS (MUTUAL FUND SHARE BALANCES MAY NOT REFLECT RECENT ACTIVITY.)

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED -- ANNUAL INCOME	CURRENT YIELD
1.042	**EATON VANCE PRIME RATE RESERVES-SHI	9.67	$10.39	$.68	6.1%
	MARKET VALUE OF MUTUAL FUNDS LESS THAN 5.1% OF PORTFOLIO		$10.39	$.68	6.1%

UNPRICED SECURITIES

QUANTITY	DESCRIPTION
364	WILSON BANK HOLDING CO

ACCOUNT INSTRUCTIONS

INVESTMENT OBJECTIVES

INVESTMENT OBJECTIVES FOR YOUR ACCOUNT ARE SHOWN BELOW. IF YOU HAVE ANY QUESTIONS CONCERNING THESE OBJECTIVES OR WISH TO CHANGE THEM, PLEASE CONTACT YOUR FINANCIAL ADVISOR.

1. LONG TERM GROWTH

DELIVERY INSTRUCTIONS

SECURITIES IN YOUR ACCOUNT WILL BE HELD BY LEGG MASON FOR YOUR BENEFIT.
CASH BALANCES WILL BE HELD IN YOUR ACCOUNT.

BENEFICIARY INFORMATION

PRIMARY BENEFICIARY MARY C CLEMENT 100%

THE BENEFICIARY DESIGNATION CONTAINED IN OUR RECORDS IS REFLECTED ABOVE
IF THIS INFORMATION IS INCORRECT, PLEASE NOTIFY YOUR FINANCIAL ADVISOR.

NASD REGULATION, INC. PUBLIC DISCLOSURE PROGRAM - AN INVESTOR BROCHURE DESCRIBING THE PUBLIC DISCLOSURE PROGRAM IS AVAILABLE BY CALLING THE HOTLINE NUMBER (800) 289-9999 OR ACCESSING THE WEBSITE AT WWW.NASDR.COM.

* - END OF STATEMENT FOR ACCOUNT 486-00010 - - - - - - - - -
ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER SIPC

Schedule 6
P.20

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD /Member SIPC

PAGE : 2
ACCOUNT:
TAX-ID : ...
F.A. : TLS

JULY 31, 1998

LMAN CUSTODIAN
FBO ROBERT N CLEMANT

INCOME ACTIVITY (CONTINUED)

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
07/30	INTEREST		INTEREST ON CREDIT BALANCE AT 6.2500% 06/30 THRU 07/29		.78.73

OTHER ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
07/30	STOCK DIV	360	SOUTHWEST AIRLINES CO STK SPLIT ON 720 SHS REC 08/30/98 PAY 07/30/98		

PORTFOLIO SUMMARY

SECURITIES PRICES USED IN YOUR PORTFOLIO SUMMARY ARE OBTAINED FROM OUTSIDE SERVICES AND THEIR ACCURACY CANNOT BE GUARANTEED. THESE VALUES ARE PROVIDED AS A GENERAL GUIDE BUT INCOME CASES MAY NOT REFLECT THE ACTUAL MARKET PRICE. IF AN EXACT PRICE IS NEEDED CONTACT YOUR FINANCIAL ADVISOR.

EQUITIES

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED -- ANNUAL INCOME	CURRENT YIELD %
550	AMERICAN FRIENDSHAVE CORP	24.00	$13,206.00		
170	CENTOCOR INC	55.75	9,477.50		
200	FIRST TENNESSEE NATIONAL CORP	36.625	7,325.00	$159.00	2.1
1,650	GENEVA STEEL CO-CL A	.375	618.75		
100	KEYSTONE AUTOMOTIVE INDUSTRIES INC	17.388	1,738.88		
300	MCI WORLDCOM INC	99.60	29,880.00		
300	MARK MEDICH GROUP INC	10.313	3,093.90		
1,095	SOUTHWEST AIRLINES CO	18.50	20,257.50	24.05	0.1
720	SUN MICROSYSTEMS INC	67.875	48,870.00		
	MARKET VALUE OF EQUITIES 98.56 OF PORTFOLIO		$128,547.05	$176.69	0.1

ASSET BACKED SECURITIES

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED -- ANNUAL INCOME	CURRENT YIELD
2,000	MORGAN STANLEY MORTGAGE TRUST 6 CMO/SERIES G C-6-DEV INTR INTEREST FROM DATE 03/20/97 DATED DATE 03/04/97 DUE 07/20/2010 9.000% JAJO 20 AMORTIZED AMOUNT = 483 FACTOR = .24604040	68.80	$661.30	$43.57	9.1
	MARKET VALUE OF ASSET BACKED SECURITIES 0.46 OF PORTFOLIO		$661.30	$43.57	9.1

STATEMENT CONTINUED ON REVERSE SIDE

Schedule 6
P.21

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD/Member SIPC

PAGE :	1
ACCOUNT:	
TAX-ID :	-- --
P.S. :	TLM

JULY 31, 1999
LAST STATEMENT
JUNE 30, 1999

LMSM CUSTODIAN
FBO ROBERT M CLEMENT
INDIVIDUAL IRA
8301 TREMBROOKE LANE
ALEXANDRIA VA 22308-1708

YOUR FINANCIAL ADVISOR

THOMAS L. KERAMAT
LM FINANCIAL PARTNERS
310 EAST MAIN STREET
FRANKLIN TN 37064-2507
(615) 791-1051

ACCOUNT VALUE

CASH BALANCE	11,359.34
EQUITIES	134,567.95
ASSET BACKED SECURITIES	893.39
MUTUAL FUNDS	10.39

APPROXIMATE VALUE

THIS STATEMENT **	146,819.48
LAST STATEMENT **	147,740.99

** DOES NOT INCLUDE UNPRICED SECURITIES

YOU MAY HAVE PURCHASED MUTUAL FUNDS, ANNUITIES, LIMITED PARTNERSHIPS OR OTHER INVESTMENTS WHICH ARE NOT REPORTED AS POSITIONS ON THIS STATEMENT. IF SO, YOU WILL RECEIVE PERIODIC STATEMENTS DIRECTLY FROM THE FUND, INSURANCE COMPANY OR PARTNERSHIP.

INCOME & RETIREMENT PLAN ACCOUNTING

	THIS MON H	YEAR TO DATE
OTHER INCOME		
CASH/M INTEREST	76.7	905.96
DIVIDENDS	39.6:	132.99
INTEREST	19.6'-	13.93
TOTAL INCOME	135.4'	871.18

CASH BALANCE SUMMARY

	CASH
OPENING BALANCE	11,439.35
CLOSING BALANCE	11,154.94

INCOME ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
07/01	DIVIDEND		**EATON VANCE PRIME RATE RESERVES-BNI RECORD 06/30/99 PAY 06/30/99		6.84
07/01	REINVESTMENT	.004	**EATON VANCE PRIME RATE RESERVES-BNI REINVEST PRICE $ 9.97		.04-
07/01	DIVIDEND		FIRST TENNESSEE NATIONAL CORP CASH DIV ON 300 SHS REC 06/11/99 PAY 07/01/99		18.00
07/20	INTEREST		MORGAN STANLEY MORTGAGE TRUST O CMO/SERIES G G-6-REV INTR DUE 07/20/2018 9.940 REC INT ON 3000 SHS REC 06/20/99 PAY 07/20/99		18.94

SEE REVERSE SIDE FOR IMPORTANT INFORMATION
ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER S. /C

Schedule 6
P. 22

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD/ Member SIPC

PAGE : 3
ACCOUNT:
TAX-ID :
F.A. : TLN

JUNE 30, 1999

LMMW CUSTODIAN
FBO ROBERT W CLEMENT

ACCOUNT INSTRUCTIONS
INVESTMENT OBJECTIVES
INVESTMENT OBJECTIVES FOR YOUR ACCOUNT ARE SHOWN BELOW. IF YOU HAVE ANY QUESTIONS CONCERNING THESE OBJECTIVES OR WISH TO CHANGE THEM, PLEASE CONTACT YOUR FINANCIAL ADVISOR.
1. LONG TERM GROWTH

DELIVERY INSTRUCTIONS
SECURITIES IN YOUR ACCOUNT WILL BE HELD BY LEGG MASON FOR YOUR BENEFIT.
CASH BALANCES WILL BE HELD IN YOUR ACCOUNT.

BENEFICIARY INFORMATION

PRIMARY BENEFICIARY MARY C CLEMENT 100%

THE BENEFICIARY DESIGNATION CONTAINED IN OUR RECORDS IS REFLECTED ABOVE.
IF THIS INFORMATION IS INCORRECT, PLEASE NOTIFY YOUR FINANCIAL ADVISOR.

HARD REGULATION, INC. PUBLIC DISCLOSURE PROGRAM - AN INVESTOR BROCHURE DESCRIBING THE PUBLIC DISCLOSURE PROGRAM IS AVAILABLE BY CALLING THE HOTLINE NUMBER (800) 289-9999 OR ACCESSING THE WEBSITE AT WWW.NASDR.COM.

- END OF STATEMENT FOR ACCOUNT 489-89036 - - - - - - - -
ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER SIP

Schedule 6
p.23

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc
Member NASD/ Member SIPC

PAGE : 1
ACCOUNT:
TAX-ID :
F.A. : TLM

JUNE 30, 1989

LMMW CUSTODIAN
FBO ROBERT W CLEMENT

PORTFOLIO SUMMARY

SECURITIES PRICES USED IN YOUR PORTFOLIO SUMMARY ARE OBTAINED FROM OUTSIDE SERVICES AND THEIR ACCURACY CANNOT BE GUARANTEED. THESE VALUES ARE PROVIDED AS A GENERAL GUIDE BUT INCOME CASES MAY NOT REFLECT THE ACTUAL MARKET PRICE. IF AN EXACT PRICE IS NEEDED CONTACT YOUR FINANCIAL ADVISOR.

EQUITIES

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED - ANNUAL INCOME	CURRENT YIELD
550	AMERICAN FREIGHTWAYS CORP	19.548	10,755.65		
370	CENTOCOR INC	68.625	7,824.25		
300	FIRST TENNESSEE NATIONAL CORP	36.313	9,663.63	0153.30	1.61
1,950	GENEVA STEEL CO-CL A	.35	612.50		
160	KEYSTONE AUTOMOTIVE INDUSTRIES INC	17.375	2,780.00		
300	MCI WORLDCOM INC	66.25	19,260.00		
640	BARE MEDICAL PROD INC	13.438	8,718.52		
730	SOUTHWEST AIRLINES CO	31.126	22,731.24	34.00	0.14
720	SUN MICROSYSTEMS INC	68.875	48,590.00		
	MARKET VALUE OF EQUITIES 89.66 OF PORTFOLIO		$135,816.77	2178.00	0.14

ASSET BACKED SECURITIES

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED - ANNUAL INCOME	CURRENT YIELD
2,000	MORGAN STANLEY MORTGAGE TRUST G CMO/SERIES G 3-6-DEF INTA INTEREST FROM DATE 01/22/87 DATED DATE 03/05/87 DUE 07/30/2010 8.000% ADJO 60 AMORTIZED AMOUNT - 663 FACTOR = .24064200	58.967	$481.52	343.37	9.0
	MARKET VALUE OF ASSET BACKED SECURITIES 0.44 OF PORTFOLIO		$481.52	343.37	9.0

MUTUAL FUNDS (MUTUAL FUND SHARE BALANCES MAY NOT REFLECT RECENT ACTIVITY.)

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED - ANNUAL INCOME	CURRENT YIELD
1.038	**EATON VANCE PRIME RATE RESERVES-BDI	9.87	$10.35	6.69	6.4
	MARKET VALUE OF MUTUAL FUNDS LESS THAN 0.10 OF PORTFOLIO		$10.35	6.69	6.4

UNPRICED SECURITIES

QUANTITY	DESCRIPTION
946	WILSON BANK HOLDING CO

STATEMENT CONTINUED ON REVERSE SIDE

Schedule 6
P.24

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD Member SIPC

PAGE :
ACCOUNT :
TAX-ID :
F.A. : TLM

JUNE 30, 1991
LAST STATEMENT
MAY 31, 1991

LMAM CUSTODIAN
FBO ROBERT H CLEMENT
INDIVIDUAL IRA
8301 TREZEVOUDE LANE
ALEXANDRIA VA 22308-1708

YOUR FINANCIAL ADVISOR

THOMAS L. MERRITT
LM FINANCIAL PARTNERS
310 EAST MAIN STREET
FRANKLIN TN 37064-3867
(615) 591-1033

ACCOUNT VALUE

CASH BALANCE	21,630.38
EQUITIES	128,910.77
ASSET BACKED SECURITIES	481.62
MUTUAL FUNDS	18.18

APPROXIMATE VALUE

THIS STATEMENT **	149,760.89
LAST STATEMENT **	142,544.66

** DOES NOT INCLUDE UNPRICED SECURITIES

YOU MAY HAVE PURCHASED MUTUAL FUNDS, ANNUITIES, LIMITED PARTNERSHIPS OR OTHER INVESTMENTS WHICH ARE NOT REFLECTED AS POSITIONS ON THIS STATEMENT. IF SO, YOU WILL RECEIVE PERIODIC STATEMENTS DIRECTLY FROM THE FUND, INSURANCE COMPANY OR PARTNERSHIP.

INCOME & RETIREMENT PLAN ACCOUNTING

	THIS MONTH	YEAR TO DATE
OTHER INCOME		
CREDIT INTEREST	90.9	428.01
DIVIDENDS	0.0	94.83
INTEREST	0.0	21.66
TOTAL INCOME	86.9	543.51

CASH BALANCE SUMMARY

	CASH
OPENING BALANCE	21,543.48
CLOSING BALANCE	21,630.38

INCOME ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
			**EATON VANCE PRIME RATE RESERVES-SBI		9.94
06/01	DIVIDEND		RECORD 05/30/94 PAY 06/30/94		.86-
06/01	REINVESTMENT	.064	**EATON VANCE PRIME RATE RESERVES-SBI		
			REINVEST PRICE @ 9.97		0.63
06/30	DIVIDEND		SOUTHWEST AIRLINES CO CASH DIV ON 710 SHS REC 06/06/90 PAY 06/23/90		0.86
06/30	INTEREST		INTEREST ON CREDIT BALANCE AT 4.150% 05/30 THRU 06/29		

SEE REVERSE SIDE FOR IMPORTANT INFORMATION
ACCOUNT MAINTAINED BY LEHMAN BROTHERS WOOD WALKER, INC. MEMBER SIP.

Schedule 6
P.25

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD / Member SIPC

PAGE :
ACCOUNT:
TAX-ID :
F.A. : TLM

MAY 31, 1998

LMFM CUSTODIAN
FBO ROBERT X CLEMENT

ACCOUNT INSTRUCTIONS
INVESTMENT OBJECTIVES
INVESTMENT OBJECTIVES FOR YOUR ACCOUNT ARE SHOWN BELOW. IF YOU HAVE ANY QUESTIONS CONCERNING THESE OBJECTIVES , OR WISH TO CHANGE THEM, PLEASE CONTACT YOUR FINANCIAL ADVISOR.
1. LONG TERM GROWTH

DELIVERY INSTRUCTIONS
SECURITIES IN YOUR ACCOUNT WILL BE HELD BY LEGG MASON FOR YOUR BENEFIT.
CASH BALANCES WILL BE HELD IN YOUR ACCOUNT.

BENEFICIARY INFORMATION

PRIMARY BENEFICIARY MARY C CLEMENT 100%

THE BENEFICIARY DESIGNATION CONTAINED IN OUR RECORDS IS REFLECTED ABOVE.
IF THIS INFORMATION IS INCORRECT, PLEASE NOTIFY YOUR FINANCIAL ADVISOR.

NASD REGULATION, INC. PUBLIC DISCLOSURE PROGRAM - AN INVESTOR BROCHURE DESCRIBING THE PUBLIC DISCLOSURE PROGRAM IS AVAILABLE BY CALLING THE HOTLINE NUMBER (800) 289-9999 OR ACCESSING THE WEBSITE AT WWW.NASDR.COM.

* - END OF STATEMENT FOR ACCOUNT 484-80336 - - - - - - - - -
ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER S' IC

Schedule 6
P.26

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc
Member NASD/Member SIPC

PAGE : 2
ACCOUNT:
TAX-ID :
P.A. : TLR

MAY 31, 1999

LEBAN CUSTODIAN
FBO ROBERT N CLEMENT

PORTFOLIO SUMMARY

SECURITIES PRICES USED IN YOUR PORTFOLIO SUMMARY ARE OBTAINED FROM OUTSIDE SERVICES AND THEIR ACCURACY CANNOT BE GUARANTEED. THESE VALUES ARE PROVIDED AS A GENERAL GUIDE BUT IN SOME CASES MAY NOT REFLECT THE ACTUAL MARKET PRICE. IF AN EXACT PRICE IS NEEDED CONTACT YOUR FINANCIAL ADVISOR.

EQUITIES

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED -- ANNUAL INCOME	CURRENT YIELD
550	AMERICAN FREIGHTWAYS CORP	17.30	9,515.00		
170	CENTOCOR INC	43.436	7,384.66		
230	FIRST TENNESSEE NATIONAL CORP	41.188	8,237.60	$132.00	1.6%
1,850	GENEVA STEEL CO-CL A	.434	732.70		
160	KEYSTONE AUTOMOTIVE INDUSTRIES INC	16.185	2,589.06		
250	MCI WORLDCOM INC	55.375	13,375.00		
540	RARE MEDIUM GROUP INC	11.919	5,666.62		
730	SOUTHWEST AIRLINES CO	32.064	23,405.99	86.08	0.4%
930	SUN MICROSYSTEMS INC	58.75	63,030.00		
	MARKET VALUE OF EQUITIES 39.4% OF PORTFOLIO		$318,707.36	$178.08	0.1%

ASSET BACKED SECURITIES

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED -- ANNUAL INCOME	CURRENT YIELD
2,000	MORGAN STANLEY MORTGAGE TRUST C CMO/SEALES G C-1-DEP INTR INTEREST FROM DATE 03/20/87 DATED DATE 03/05/87 DUE 37/20/2018 9.060% JAN/JUL 20 AMORTIZED AMOUNT = 462 FACTOR = .24086005	130.374	6484.41	543.37	8.3%
	MARKET VALUE OF ASSET BACKED SECURITIES 0.4% OF PORTFOLIO		6484.41	543.37	8.3%

MUTUAL FUNDS (MUTUAL FUND FRANK BALANCES MAY NOT REFLECT RECENT ACTIVITY.)

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED -- ANNUAL INCOME	CUR YIELD
1,834	**EATON VANCE PRIME RATE RESERVES-BBI	9.97	610.31	3.88	6.5%
	MARKET VALUE OF MUTUAL FUNDS LESS THAN 0.1% OF PORTFOLIO		518.31	3.88	6.5%

UNPAICED SECURITIES

QUANTITY	DESCRIPTION
386	WILSON BANK HOLDING CO

STATEMENT CONTINUED ON REVERSE SIDE

ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER NYSE

Schedule 6
P.27

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD/Member SIPC

PAGE :
ACCOUNT:
TAX-ID :
F.A. : TLM

MAY 31, 1999
LAST STATEMENT
APRIL 30, 1999

YOUR FINANCIAL ADVISOR

THOMAS L. HERBERT
LM FINANCIAL PARTNERS
319 EAST MAIN STREET
FRANKLIN TN 37064-2867
(615) 591-1091

LMOW CUSTODIAN
FBO ROBERT H CLAMENT
INDIVIDUAL IRA
8205 TREENOOKE LANE
ALEXANDRIA VA 22308-1708

ACCOUNT VALUE

CASH BALANCE	31,343.40
EQUITIES	118,707.36
ASSET BACKED SECURITIES	464.81
MUTUAL FUNDS	40.31

APPROXIMATE VALUE

THIS STATEMENT **	140,544.38
LAST STATEMENT **	141,574.87

** DOES NOT INCLUDE UNPRICED SECURITIES

YOU MAY HAVE PURCHASED MUTUAL FUNDS, ANNUITIES, LIMITED PARTNERSHIPS OR OTHER INVESTMENTS WHICH ARE NOT REPORTED AS POSITIONS ON THIS STATEMENT. IF SO, YOU WILL RECEIVE PERIODIC STATEMENTS DIRECTLY FROM THE FUND, INSURANCE COMPANY OR PARTNERSHIP.

INCOME & RETIREMENT PLAN ACCOUNTING

OTHER INCOME	THIS MONTH	YEAR TO DATE
CREDIT INTEREST	40.00	348.07
DIVIDENDS	0.00	88.85
INTEREST	0.00	31.68
TOTAL INCOME	40.00	458.81

CASH BALANCE SUMMARY

	CASH
OPENING BALANCE	31,374.44
CLOSING BALANCE	31,343.40

INCOME ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
05/03	DIVIDEND		**EATON VANCE PRIME RATE RESERVES-SBI RECORD 04/30/99 PAY 04/30/99		5.56
05/03	REINVESTMENT	.084	**EATON VANCE PRIME RATE RESERVES-SBI REINVEST PRICE $ 7.07		.04-
05/26	INTEREST		INTEREST ON CREDIT BALANCE AT 8.1709% 04/30 THRU 05/31		86.03

SEE REVERSE SIDE FOR IMPORTANT INFORMATION
ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER N.Y.S.E.

Schedule 6
P-28

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD Member SIPC

PAGE :
ACCOUNT:
TAX-ID :
F.A. :

APRIL 30, 1999

LEGG CUSTODIAN
FBO ROBERT H CLEMENT

PORTFOLIO SUMMARY (CONTINUED)

MUTUAL FUNDS (MUTUAL FUND SHARE BALANCES MAY NOT REFLECT RECENT ACTIVITY.)

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED ANNUAL INCOME	CURR-NT YIELD
1.930	**EATON VANCE PRIME RATE RESERVES-ESI	8.97	$13.37	0.00	0.00
	MARKET VALUE OF MUTUAL FUNDS LESS THAN 0.1% OF PORTFOLIO		$13.37	0.00	0.00

UNPRICED SECURITIES

QUANTITY	DESCRIPTION
864	WILSON BANK HOLDING CO

ACCOUNT INSTRUCTIONS

INVESTMENT OBJECTIVES

INVESTMENT OBJECTIVES FOR YOUR ACCOUNT ARE SHOWN BELOW. IF YOU HAVE ANY QUESTIONS CONCERNING THESE OBJECTIVES, OR WISH TO CHANGE THEM, PLEASE CONTACT YOUR FINANCIAL ADVISER.

1. LONG TERM GROWTH

DELIVERY INSTRUCTIONS

SECURITIES IN YOUR ACCOUNT WILL BE HELD BY LEGG MASON FOR YOUR BENEFIT.
CASH BALANCES WILL BE HELD IN YOUR ACCOUNT.

BENEFICIARY INFORMATION

PRIMARY BENEFICIARY MARY C CLEMENT 1994

THE BENEFICIARY DESIGNATION CONTAINED IN OUR RECORDS IS REFLECTED ABOVE.
IF THIS INFORMATION IS INCORRECT, PLEASE NOTIFY YOUR FINANCIAL ADVISOR.

NASD REGULATION, INC. PUBLIC DISCLOSURE PROGRAM - AN INVESTOR BROCHURE DESCRIBING THE PUBLIC DISCLOSURE PROGRAM IS AVAILABLE BY CALLING THE HOTLINE NUMBER (800) 289-9999 OR ACCESSING THE WEBSITE AT WWW.NASDR.COM.

- END OF STATEMENT FOR ACCOUNT 488-88836 - - - - - - - - - -

ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER S. PC

Schedule 6
P.29

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD Member SIPC

PAGE : 3
ACCOUNT:
TAX-ID :
F.A. : TLN

APRIL 30, 1999

LEGG CUSTODIAN
FBO ROBERT H CLEMENT

INCOME ACTIVITY (CONTINUED)

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
06/30	INTEREST		INTEREST ON CREDIT BALANCE AT 4.300% 03/31 THRU 06/29		$3.16

OTHER ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
06/09	STOCK DIV	360	SUN MICROSYSTEMS INC STK SPLIT ON 360 DUE REC 03/18/99 PAY 04/08/99		

PORTFOLIO SUMMARY

SECURITIES PRICES USED IN YOUR PORTFOLIO SUMMARY ARE OBTAINED FROM OUTSIDE SERVICES AND THEIR ACCURACY CANNOT BE GUARANTEED. THESE VALUES ARE PROVIDED AS A GENERAL GUIDE BUT INTERIM CASH MAY NOT REFLECT THE ACTUAL MARKET PRICE. IF AN EXACT PRICE IS NEEDED CONTACT YOUR FINANCIAL ADVISOR.

EQUITIES

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED - ANNUAL INCOME	CURRENT YIELD
550	AMERICAN FREIGHTWAYS CORP	17.188	$9,453.40		
170	CENTOCOR INC	46.375	7,883.75		
200	FIRST TENNESSEE NATIONAL CORP	43.125	8,625.00	$152.00	1.7%
2,640	GENEVA STEEL CO-CL A	.25	412.50		
183	KEYSTONE AUTOMOTIVE INDUSTRIES INC	16.80	3,430.98		
303	MCI WORLDCOM INC	83.188	16,439.60		
560	NAME SECTOR GROUP INC	16.00	8,133.00		
730	SOUTHWEST AIRLINES CO	32.063	23,373.68	31.00	0.1%
730	SUN MICROSYSTEMS INC	53.813	43,055.34		
	MARKET VALUE OF EQUITIES 89.8% OF PORTFOLIO		$119,837.85	$173.00	0.1%

ASSET BACKED SECURITIES

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED - ANNUAL INCOME	CURRENT YIELD
3,300	MORGAN STANLEY MORTGAGE TRUST C CMO/SERIES C C-6-REF INTR INTEREST FROM DATE 03/30/97 DATED DATE 02/06/97 DUE 07/20/2010 9.000% JAN 29 AMORTIZED AMOUNT - 483 FACTOR = .18888888	83.826	$481.98	$43.37	9.0%
	MARKET VALUE OF ASSET BACKED SECURITIES 0.4% OF PORTFOLIO		$481.98	$43.37	9.0%

STATEMENT CONTINUED ON REVERSE SIDE

ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER SIPC

Schedule 6
P. 30

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

ACCOUNT STATEMENT
LM Financial Partners, Inc.
Member NASD/Member SIPC

PAGE : 1
ACCOUNT:
TAX-ID :
F.A. : TLH

APRIL 30, 1999
LAST STATEMENT
MARCH 31, 1999

LMFP CUSTODIAN
FBO ROBERT H CLEMENT
INDIVIDUAL IRA
8321 TREEMOOLE LANE
ALEXANDRIA VA 22308-1705

YOUR FINANCIAL ADVISOR

THOMAS L. HERBERT
LM FINANCIAL PARTNERS
210 EAST MAIN STREET
FRANKLIN TN 37064-3507
(818) 591-1031

ACCOUNT VALUE

CASH BALANCE	21,274.64
EQUITIES	112,000.00
ASSET BACKED SECURITIES	481.56
MUTUAL FUNDS	19.29

APPROXIMATE VALUE

THIS STATEMENT **	141,574.97
LAST STATEMENT **	132,891.91

** DOES NOT INCLUDE UNPRICED SECURITIES

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CASH BALANCE SUMMARY

	CASH
OPENING BALANCE	21,192.46
CLOSING BALANCE	21,274.64

INCOME ACTIVITY

INCOME & RETIREMENT PLAN ACCOUNTING

OTHER INCOME	THIS MONTH	YEAR TO DATE
CREDIT INTEREST	73.3-	280.02
DIVIDENDS	10.0-	88.02
INTEREST	10.0-	21.69
TOTAL INCOME	123.0-	390.32

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
04/01	DIVIDEND		**EATON VANCE PRIME RATE RESERVES-SBI RECORD 03/31/99 PAY 03/31/99		9.04
04/01	REINVESTMENT	.004	**EATON VANCE PRIME RATE RESERVES-SBI REINVEST PRICE $ 9.97		.04-
04/01	DIVIDEND		FIRST TENNESSEE NATIONAL CORP CASH DIV ON 200 SH3 REC 03/12/99 PAY 04/01/99		10.00
04/30	INTEREST		MORGAN STANLEY MORTGAGE TRUST G CMO/SERIES C G-8-DEF INTR DUE 07/30/2010 9.000 AMO INT ON 2090 BND REC 03/18/99 PAY 04/30/99		10.00

SEE REVERSE SIDE FOR IMPORTANT INFORMATION
ACCOUNT MAINTAINED BY LEHMAN MASON WOOD WALKER, INC. MEMBER SIPC

Schedule 6
P. 31

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD/ Member SIPC

PAGE : 3
ACCOUNT:
TAX-ID : ---
F.A. : TLM

MARCH 31, 1998

LEWN CCCTCCLAN
FBO ROBERT M CLEMENT

PORTFOLIO SUMMARY (CONTINUED)

MUTUAL FUNDS (MUTUAL FUND SHARE BALANCES MAY NOT REFLECT RECENT ACTIVITY.)

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	ESTIMATED ANNUAL INCOME	CURRENT YIELD
1.028	**EATON VANCE PRIME RATE RESERVES-BRI	8.93	913.33	5.69	6.1%
	MARKET VALUE OF MUTUAL FUNDS LESS THAN 0.1% OF PORTFOLIO		910.33	3.99	5.1%

UNPRICED SECURITIES

QUANTITY	DESCRIPTION
564	WILSON BANK HOLDING CO

ACCOUNT INSTRUCTIONS
INVESTMENT OBJECTIVES
INVESTMENT OBJECTIVES FOR YOUR ACCOUNT ARE SHOWN BELOW. IF YOU HAVE ANY QUESTIONS CONCERNING THESE OBJECTIVES, OR WISH TO CHANGE THEM, PLEASE CONTACT YOUR FINANCIAL ADVISOR.
1. LONG TERM GROWTH

DELIVERY INSTRUCTIONS
SECURITIES IN YOUR ACCOUNT WILL BE HELD BY LEGG MASON FOR YOUR BENEFIT.
CASH BALANCES WILL BE HELD IN YOUR ACCOUNT.

BENEFICIARY INFORMATION

PRIMARY BENEFICIARY MARY C CLEMENT 1094

THE BENEFICIARY DESIGNATION CONTAINED IN OUR RECORDS IS REFLECTED ABOVE.
IF THIS INFORMATION IS INCORRECT, PLEASE NOTIFY YOUR FINANCIAL ADVISOR.

IN ACCORDANCE WITH NEW YORK STOCK EXCHANGE RULE 701 (A), WE ARE HEREBY NOTIFYING YOU THAT WE ARE UTILIZING THE ADP AUTOMATED RANDOM SYSTEM TO ALLOCATE OPTION EXERCISE NOTICES.

NASD REGULATION, INC. PUBLIC DISCLOSURE PROGRAM - AN INVESTOR BROCHURE DESCRIBING THE PUBLIC DISCLOSURE PROGRAM IS AVAILABLE BY CALLING THE HOTLINE NUMBER (800) 289-9999 OR ACCESSING THE WEBSITE AT WWW.NASDR.COM

* - END OF STATEMENT FOR ACCOUNT 888-88036 - - - - - - - - - -
ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER S PC

Schedule 6
P.38

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD/SIPC

PAGE : 2
ACCOUNT: -
TAX-ID : -
F.A. : TLS

MARCH 31, 1999

LMFP CUSTODIAN
FBO ROBERT H CLEMENT

OTHER ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
03/18	ADJUSTMENT	752-	WTS COMMUNITY FINANCIAL GROUP INC DUE 12/11/98 EXP 12/31/1998 WORTHLESS WARRANTS		
03/24	NAME CHANGE	640-	ICX TECHNOLOGIES INC NEW STRAIGHTEDGE - NAME CHANGE		
03/24	NAME CHANGE	540	AAAS HEXTON GROUP INC RESULT OF NAME CHANGE		

PORTFOLIO SUMMARY

SECURITIES PRICES USED IN YOUR PORTFOLIO SUMMARY ARE OBTAINED FROM OUTSIDE SERVICES AND THEIR ACCURACY CANNOT BE GUARANTEED. THESE VALUES ARE PROVIDED AS A GENERAL GUIDE BUT IN SOME CASES MAY NOT REFLECT THE ACTUAL MARKET PRICE. IF AN EXACT PRICE IS NEEDED CONTACT YOUR FINANCIAL ADVISOR.

EQUITIES

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED -- ANNUAL INCOME	CURRENT YIELD
550	AMERICAN FREIGHTWAYS CORP	13.875	7,631.25		
170	CENTOCOR INC	27.00	4,590.00		
280	FIRST TENNESSEE NATIONAL CORP	26.625	7,329.00	5152.00	2.0-
1,430	GENEVA STEEL CO-CL A	.35	472.90		
160	KEYSTONE AUTOMOTIVE INDUSTRIES INC	18.25	2,920.00		
200	MCI WORLDCOM INC	89.563	17,912.60		
540	AAAS HEXTON GROUP INC	4.73	2,554.20		
720	SOUTHWEST AIRLINES CO	30.25	21,782.53	31.90	0.0-
260	SUN MICROSYSTEMS INC	134.530	46,977.68		
	MARKET VALUE OF EQUITIES 99.54 OF PORTFOLIO		$113,046.53	$173.90	0.1-

ASSET BACKED SECURITIES

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED -- ANNUAL INCOME	CURRENT YIELD
2,000	MORGAN STANLEY MORTGAGE TRUST 0 CMO/SERIES 6 8-6-GRP ENTR INTEREST FROM DATE 03/20/97 DATED DATE 03/06/97 DUE 07/20/2016 9.0000 JAN0 20 AMORTIZED AMOUNT - 882 FACTOR = .36188888	196.083	$482.39	543.27	8.9-
	MARKET VALUE OF ASSET BACKED SECURITIES 0.4% OF PORTFOLIO		$482.39	$43.27	8.9-

STATEMENT CONTINUED ON REVERSE SIDE

ACCOUNT MAINTAINED BY LEDC MASON WOOD WALKER, INC. NUMBER 818

Schedule 6
p. 33

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD/Member SIPC

PAGE : 1
ACCOUNT: [illegible]
TAX-ID : [illegible]
F.A. : TLM

MARCH 31, 1999
LAST STATEMENT
FEBRUARY 28, 1999

YOUR FINANCIAL ADVISOR

THOMAS L. HERBERT
LM FINANCIAL PARTNERS
210 EAST MAIN STREET
FRANKLIN TN 37064-2307
(615) 591-1051

LEWW CUSTODIAN
FBO ROBERT N CLEMENT
INDIVIDUAL IRA
8303 TREADGOOD LANE
ALEXANDRIA VA 22306-1706

ACCOUNT VALUE

CASH BALANCE	11,132.48
EQUITIES	111,045.53
ASSET BACKED SECURITIES	493.39
MUTUAL FUNDS	10.13

APPROXIMATE VALUE

THIS STATEMENT **	132,681.51
LAST STATEMENT **	126,650.93

** DOES NOT INCLUDE UNPRICED SECURITIES

YOU MAY HAVE PURCHASED MUTUAL FUNDS, ANNUITIES, LIMITED PARTNERSHIPS OR OTHER INVESTMENTS WHICH ARE NOT REPORTED AS POSITIONS ON THIS STATEMENT. IF SO, YOU WILL RECEIVE PERIODIC STATEMENTS DIRECTLY FROM THE FUND, INSURANCE COMPANY OR PARTNERSHIP.

INCOME & RETIREMENT PLAN ACCOUNTING

OTHER INCOME	THIS MONTH	YEAR TO DATE
CREDIT INTEREST	80.72	209.60
DIVIDENDS	5.51	30.78
INTEREST	0.00	10.94
TOTAL INCOME	86.23	250.30

CASH BALANCE SUMMARY

	CASH
OPENING BALANCE	11,069.19
CLOSING BALANCE	11,153.48

INCOME ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
03/01	DIVIDEND		**EATON VANCE PRIME RATE RESERVES-ERI RECORD 02/28/99 PAY 03/26/99		6.04
03/01	REINVESTMENT	.004	**EATON VANCE PRIME RATE RESERVES-ERI REINVEST PRICE @ 9.94		.04-
03/30	DIVIDEND		SOUTHWEST AIRLINES CO CASH DIV ON 930 SHS REC 03/05/99 PAY 03/30/99		3.49
03/31	INTEREST		INTEREST ON CREDIT BALANCE AT 6.240% 03/29 THRU 03/30		40.78

SEE REVERSE SIDE FOR IMPORTANT INFORMATION
ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER NYSE

Schedule 6
P. 34

IM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
IM Financial Partners, Inc.
Member NASD/Member SIPC

PAGE :
ACCOUNT:
TAX-ID :
F.A. : TLS

FEBRUARY 28, 1999

LEGG CUSTODIAN
FBO ROBERT H CLEMENT

UNPRICED SECURITIES

QUANTITY	DESCRIPTION
760	WTS COMMUNITY FINANCIAL GROUP INC EXP 12/31/1998
361	WILSON BANK HOLDING CO

ACCOUNT INSTRUCTIONS
INVESTMENT OBJECTIVES
INVESTMENT OBJECTIVES FOR YOUR ACCOUNT ARE SHOWN BELOW. IF YOU HAVE ANY QUESTIONS CONCERNING THESE OBJECTIVE , OR WISH TO CHANGE THEM, PLEASE CONTACT YOUR FINANCIAL ADVISOR.
1. LONG TERM GROWTH

DELIVERY INSTRUCTIONS
SECURITIES IN YOUR ACCOUNT WILL BE HELD BY LEGG MASON FOR YOUR BENEFIT.
CASH BALANCES WILL BE HELD IN YOUR ACCOUNT.

BENEFICIARY INFORMATION

PRIMARY BENEFICIARY MARY C CLEMENT 1004

THE BENEFICIARY DESIGNATION CONTAINED IN OUR RECORDS IS REFLECTED ABOVE.
IF THIS INFORMATION IS INCORRECT, PLEASE NOTIFY YOUR FINANCIAL ADVISOR.

NASD REGULATION, INC. PUBLIC DISCLOSURE PROGRAM - AN INVESTOR BROCHURE DESCRIBING THE PUBLIC DISCLOSURE PROGRAM IS AVAILABLE BY CALLING THE HOTLINE NUMBER (800) 289-9999 OR ACCESSING THE WEBSITE AT WWW.NASDR.COM

* - END OF STATEMENT FOR ACCOUNT 486-80338 - - - - - - - - -
ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER S. IC

Schedule 6
P.35

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD Member SIPC

PAGE : 3
ACCOUNT:
DAE-ID :
F.A. : TLM

FEBRUARY 28, 1989

LMPW CUSTODIAN
FBO ROBERT H CLEMENT

OTHER ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
02/13	TRANSFER		ACAT A3901988 BCS 0334 TOA FROM NATIONAL FINANCI		21.00

PORTFOLIO SUMMARY

SECURITIES PRICES USED IN YOUR PORTFOLIO SUMMARY ARE OBTAINED FROM OUTSIDE SERVICES AND THEIR ACCURACY CANNOT BE GUARANTEED. THESE VALUES ARE PROVIDED AS A GENERAL GUIDE BUT INSOME CASES MAY NOT REFLECT THE ACTUAL MARKET PRICE. IF AN EXACT PRICE IS NEEDED CONTACT YOUR FINANCIAL ADVISOR.

EQUITIES

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED -- ANNUAL INCOME	CURRENT YIELD
550	AMERICAN FREIGHWAYS CORP	18.884	10,386.20		
170	CENTOCOR INC	41.503	7,055.51		
200	FIRST TENNESSEE NATIONAL CORP	38.063	7,612.60	3183.00	1.1%
1,650	GENEVA STEEL CO-CL A	.25	412.50		
540	ICC TECHNOLOGIES INC NEW	6.313	2,089.03		
280	KEYSTONE AUTOMOTIVE INDUSTRIES INC	17.70	1,960.00		
500	MCI WORLDCOM INC	83.50	18,500.00		
750	SOUTHWEST AIRLINES CO	30.125	22,591.35	31.00	0.1%
360	SUN MICROSYSTEMS INC	97.313	35,032.80		
	MARKET VALUE OF EQUITIES 99.54 OF PORTFOLIO		103,300.04	3173.85	0.1%

ASSET BACKED SECURITIES

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED -- ANNUAL INCOME	CURRENT YIELD
2,000	MORGAN STANLEY MORTGAGE TRUST 0 CMO/SERIES C 0-4-BCF INTR INTEREST FROM DATE 03/30/87 DATED DATE 03/00/87 DUE 07/30/2018 9.0004 JAN0 20 AMORTIZED AMOUNT = 483 FACTOR = .34094000	100.469	5484.04	543.37	0.9
	MARKET VALUE OF ASSET BACKED SECURITIES 0.84 OF PORTFOLIO		5484.04	543.37	0.9%

MUTUAL FUNDS (MUTUAL FUND SHARE BALANCES MAY NOT REFLECT RECENT ACTIVITY.)

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED -- ANNUAL INCOME	CURRENT YIELD
1.831	**EATON VANCE PRIME RATE RESERVES-SBI	9.01	510.30	0.00	0.0%
	MARKET VALUE OF MUTUAL FUNDS LESS THAN 0.1% OF PORTFOLIO		510.30	5.49	0.1%

STATEMENT CONTINUED ON REVERSE SIDE

Schedule 6
P.36

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD/ Member SIPC

PAGE :
ACCOUNT:
TAX-ID :
S.A. :

FEBRUARY 28, 1999
LAST STATEMENT
JANUARY 31, 1999

LMFW CUSTODIAN
FBO ROBERT W CLEMENT
INDIVIDUAL IRA
8203 TREESBROOKE LANE
ALEXANDRIA VA 22308-1706

YOUR FINANCIAL ADVISOR

THOMAS L. HERBERT
LM FINANCIAL PARTNERS
210 EAST MAIN STREET
FRANKLIN TN 37064-2507
(615) 591-1051

ACCOUNT VALUE

CASH BALANCE	21,068.23
EQUITIES	103,900.46
ASSET BACKED SECURITIES	484.04
MUTUAL FUNDS	10.20

APPROXIMATE VALUE

THIS STATEMENT **	124,460.93
LAST STATEMENT **	129,790.45

** DOES NOT INCLUDE UNPRICED SECURITIES

YOU MAY HAVE PURCHASED MUTUAL FUNDS, ANNUITIES, LIMITED PARTNERSHIPS OR OTHER INVESTMENTS WHICH ARE NOT REPORTED AS POSITIONS ON THIS STATEMENT. IF SO, YOU WILL RECEIVE PERIODIC STATEMENTS DIRECTLY FROM THE FUND, INSURANCE COMPANY OR PARTNERSHIP.

INCOME & RETIREMENT PLAN ACCOUNTING

	THIS MONTH	YEAR TO DATE
OTHER INCOME		
CREDIT INTEREST	69.05	126.13
DIVIDENDS	0.05	45.26
INTEREST	0.04	10.84
TOTAL INCOME	69.14	182.23

CASH BALANCE SUMMARY

	CASH
OPENING BALANCE	20,595.45
CLOSING BALANCE	21,068.23

INCOME ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
02/01	DIVIDEND		**EATON VANCE PRIME RATE RESERVES-SBI RECORD 01/29/99 PAY 01/29/99		5.05
02/01	REINVESTMENT	.005	**EATON VANCE PRIME RATE RESERVES-SBI REINVEST PRICE $ 9.95		-.05-
02/26	INTEREST		INTEREST ON CREDIT BALANCE AT 4.298% 01/29 THRU 02/25		69.09

SEE REVERSE SIDE FOR IMPORTANT INFORMATION
ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER SIPC

Schedule 6
P. 37

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD/Member SIPC

PAGE : 4
ACCOUNT : [illegible]
TAX-ID : [illegible]
F.A. : [illegible]

JANUARY 31, 1999

LEGG CUSTODIAN
FBO ROBERT H CLEMENT

BENEFICIARY INFORMATION

PRIMARY BENEFICIARY MARY C CLEMENT 100%

THE BENEFICIARY DESIGNATION CONTAINED IN OUR RECORDS IS REFLECTED ABOVE.
IF THIS INFORMATION IS INCORRECT, PLEASE NOTIFY YOUR FINANCIAL ADVISOR.

- END OF STATEMENT FOR ACCOUNT 488-80035 - - - - - - - - - -
ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER SIPC

Schedule 6
P. 38

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc
Member NASD/ Member SIPC

PAGE : 3
ACCOUNT:
TAX-ID :
F.A. : YLM

JANUARY 31, 1999

LEGG MASON
FBO ROBERT H CLEMENT

PORTFOLIO SUMMARY (CONTINUED)

EQUITIES

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED - ANNUAL INCOME	CURR WT YIE D
390	SUN MICROSYSTEMS INC	111.75	40,330.00		
	MARKET VALUE OF EQUITIES 99.5% OF PORTFOLIO		$106,303.75	$173 90	0.19

ASSET BACKED SECURITIES

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED - ANNUAL INCOME	CURR WT YIE D
3,000	MORGAN STANLEY MORTGAGE TRUST G CMO/SERIES G G-4-DET INTR INTEREST FROM DATE 03/30/97 DATED DATE 02/05/97 DUE 07/20/2014 9.0000 JAJO 20 AMORTIZED AMOUNT - 492 FACTOR - .16094008	99.636	$481.09	$43.37	9.0%
	MARKET VALUE OF ASSET BACKED SECURITIES 0.4% OF PORTFOLIO		$481.09	$43.37	9.0%

MUTUAL FUNDS (MUTUAL FUND SHARE BALANCES MAY NOT REFLECT RECENT ACTIVITY.)

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED -- ANNUAL INCOME	CURR INT YIE D
1,047	--EATON VANCE PRIME RATE RESERVES-SBI	9.99	$10.15	$.59	6.0%
	MARKET VALUE OF MUTUAL FUNDS LESS THAN 0.1% OF PORTFOLIO		$10.15	$.59	6.0%

UNPRICED SECURITIES

QUANTITY	DESCRIPTION
594	WILSON BANK HOLDING CO

ACCOUNT INSTRUCTIONS
INVESTMENT OBJECTIVES
INVESTMENT OBJECTIVES FOR YOUR ACCOUNT ARE SHOWN BELOW. IF YOU HAVE ANY QUESTIONS CONCERNING THESE OBJECTIVES, OR WISH TO CHANGE THEM, PLEASE CONTACT YOUR FINANCIAL ADVISOR.
1. LONG TERM GROWTH

DELIVERY INSTRUCTIONS
SECURITIES IN YOUR ACCOUNT WILL BE HELD BY LEGG MASON FOR YOUR BENEFIT
CASH BALANCES WILL BE HELD IN YOUR ACCOUNT.

STATEMENT CONTINUED ON NEXT PAGE

Schedule 6
P.39

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD Member SIPC

PAGE : 3
ACCOUNT:
TAX-ID :
F.A. : TLN

JANUARY 31, 1999

LMM CUSTODIAN
FBO ROBERT N CLEMENT

INCOME ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
01/04	DIVIDEND		CRACKER BARREL OLD COUNTRY STORE INC CASH DIV ON 345 SHS REC 12/18/98 PAY 01/08/99		31.73
01/08	REINVESTMENT	.006	**EATON VANCE PRIME RATE RESERVES-SBI REINVEST PRICE $ 9.00		.06-
01/04	DIVIDEND		FIRST TENNESSEE NATIONAL CORP CASH DIV ON 300 SHS REC 12/11/98 PAY 01/01/99		28.50
01/05	DIVIDEND		SOUTHWEST AIRLINES CO CASH DIV ON 730 SHS REC 12/08/98 PAY 01/05/99		3.40
01/30	INTEREST		MORGAN STANLEY MORTGAGE TRUST C CMO/SERIES G G-4-DEF INTS DUE 07/20/2010 8.000 MNO INT ON 1005 BND REC 12/19/98 PAY 01/30/99		10.84
01/29	INTEREST		INTEREST ON CREDIT BALANCE AT 4.3784 12/31 THRU 01/28		57.04

OTHER ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
01/04	DIVIDEND		**EATON VANCE PRIME RATE RESERVES-SDI RECORD 12/31/98 PAY 12/31/99 ENCLOSED IN 1998 1099		5.04
01/08	TRANSFER		ACAT 40401234 SOS 0130 TOA FROM NATIONAL FINANCI		3,400.00

PORTFOLIO SUMMARY

SECURITIES PRICES USED IN YOUR PORTFOLIO SUMMARY ARE OBTAINED FROM OUTSIDE SERVICES AND THEIR ACCURACY CANNOT BE GUARANTEED. THESE VALUES ARE PROVIDED AS A GENERAL GUIDE BUT INSOME CASES MAY NOT REFLECT THE ACTUAL MARKET PRICE. IF AN EXACT PRICE IS NEEDED CONTACT YOUR FINANCIAL ADVISOR.

EQUITIES

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED -- ANNUAL INCOME	CURR YI	INT .D
550	AMERICAN FREIGHTWAYS CORP	16.50	57,975.00			
170	CENTOCOR INC	42.063	7,150.71			
730	WTS COMMUNITY FINANCIAL GROUP INC EXP 12/31/1998	.047	35.33			
300	FIRST TENNESSEE NATIONAL CORP	38.983	7,312.60	6152.00	3 3%	
1,450	GENEVA STEEL CO-CL A	.561	938 96			
340	ICC TECHNOLOGIES INC NEW	6.379	2,969.50			
160	KEYSTONE AUTOMOTIVE INDUSTRIES INC	30.00	3,300.06			
308	MCI WORLDCOM INC	79.71	19,930.00			
730	SOUTHWEST AIRLINES CO	28.875	18,818.71	31.93	0 16	

STATEMENT CONTINUED ON REVERSE SID

ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER S PC

Schedule 6
p-40

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD/Member SIPC

PAGE : 1
ACCOUNT:
TAX-ID :
F.A. : TLM

JANUARY 31, 1998
LAST STATEMENT
DECEMBER 31, 1996

YOUR FINANCIAL ADVISOR

THOMAS L. HERBERT
LM FINANCIAL PARTNERS
216 EAST MAIN STREET
FRANKLIN TN 37064-3507
(615) 791-1051

LBMA CUSTODIAN
FBO ROBERT N CLEMENT
INDIVIDUAL IRA
8202 TRUEBRIDGE LANE
ALEXANDRIA VA 22308-1706

ACCOUNT VALUE

CASH BALANCE	10,895.45
EQUITIES	108,303.74
ASSET BACKED SECURITIES	681.09
MUTUAL FUNDS	10.15
APPROXIMATE VALUE	
THIS STATEMENT **	118,790.65
LAST STATEMENT **	118,901.98

** DOES NOT INCLUDE UNPRICED SECURITIES

YOU MAY HAVE PURCHASED MUTUAL FUNDS, ANNUITIES, LIMITED PARTNERSHIPS OR OTHER INVESTMENTS WHICH ARE NOT REPORTED AS POSITIONS ON THIS STATEMENT. IF SO, YOU WILL RECEIVE PERIODIC STATEMENTS DIRECTLY FROM THE FUND, INSURANCE COMPANY OR PARTNERSHIP.

INCOME & RETIREMENT PLAN ACCOUNTING

	THIS MON %	YEAR TO DATE
OTHER INCOME		
CREDIT INTEREST	57.04	57.04
DIVIDEND	45.31	45.31
INTEREST	10.84	10.84
TOTAL INCOME	113.09	113.09

CASH BALANCE SUMMARY

	CASH
OPENING BALANCE	106.93
CLOSING BALANCE	10,895.45

TRADE ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
01/05	YOU SOLD	649-	CRACKER BARREL OLD COUNTRY STORE INC UNSOLICITED	31.50	57 151.81
01/06	YOU SOLD	1,000-	GREYHOUND LINES INC WITH RIGHTS TO PURCHASE PREFRD STK UNDER CERTAIN CIRCUMSTANCE UNSOLICITED	5.875	11 463.60

SEE REVERSE SIDE FOR IMPORTANT INFORMATION
ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER S PC

Account Statement

LM Financial Partners Inc.
Member NASD/Member SIPC

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Schedule 7
Pg 1

Page: 1 *Duplicate*
Account:
Tax-ID:
F.A.: TLH

May 31, 1999

Last Statement
April 30, 1999

33,560

CAROLYN WAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515-4205

Your Financial Advisor

THOMAS L. HERBERT
LM FINANCIAL PARTNERS
210 EAST MAIN STREET
FRANKLIN TN 37064-2507
(615) 591-1051

Account Value

Cash Balance	30.48
Equities	27,128.40
Approximate Value	
This Statement	27,158.88
Last Statement	29,699.38

You may have purchased mutual funds, annuities, limited partnerships or other investments which are not reported as positions on this statement. If so, you will receive periodic statements directly from the fund, insurance company or partnership.

Income & Retirement Plan Accounting

	This Month	Year to Date
Other Income		
Credit Interest	0.10	0.26
Dividends	0.00	9.00
Total Income	0.10	9.26
Retirement Account Information		
1999 Contribution	0.00	85.00

Cash Balance Summary

	Cash
Opening Balance	30.38
Closing Balance	30.48

Income Activity

Date	Transaction	Quantity	Description	Price	Amount
05/28	INTEREST		INTEREST ON CREDIT BALANCE AT 4.170% 04/30 THRU 05/27		8.10

Portfolio Summary

Securities prices used in your portfolio summary are obtained from outside services and their accuracy cannot be guaranteed. These values are provided as a general guide but in some cases may not reflect the actual market price. If an exact price is needed, contact your Financial Advisor.

Equities

Quantity	Description	Price	Market Value	-- Estimated -- Annual Income	Current Yield
200	AMERICAN FREIGHTWAYS CORP	17.50	$3,500.00		
300	HOME DEPOT INC	56.875	17,062.50	$48.00	0.2%

Account Statement

LM Financial Partners Inc.
Member NASD/Member SIPC

Schedule 7
p. 2

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

Page: 2 *Duplicate*
Account:
Tax-ID:
F.A.: TLH

May 31, 1999

CAROLYN HAUGH
2229 RAYBURN BLDG

Portfolio Summary (continued)

Equities

Quantity	Description	Price	Market Value	-- Estimated -- Annual Income	Current Yield
550	RARE MEDIUM GROUP, INC	11.938	6,565.90		
Market Value of Equities 100.0% of Portfolio			$27,128.40	$48.00	0.1%

Account Instructions

Investment Objectives

Investment objectives for your account are shown below. If you have any questions concerning these objectives, or wish to change them, please contact your Financial Advisor.

1. Long term growth

Delivery Instructions

Securities in your account will be held by Legg Mason for your benefit
Cash balances will be held in your account

Beneficiary Information

Primary Beneficiary ROBERT N CLEMENT 100%

The beneficiary designation contained in our records is reflected above. If this information is incorrect, please notify your Financial Advisor.

Duplicate Statement for the Account of:

LMMW CUSTODIAN
FBO MARY C CLEMENT
INDIVIDUAL IRA
8202 TREEBROOKE LANE
ALEXANDRIA VA 22308-1706

* ---------- End of Statement For Account 488-80035 ---------- *

Account Maintained by Legg Mason Wood Walker, Inc. Member SIPC

Account Statement

LM Financial Partners Inc
Member NASD/Member SIPC

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

Schedule 7
P.3

Page: 1 *Duplicate*
Account:
Tax-ID:
F.A.: TLH

June 30, 1999

Last Statement
May 31, 1999

42439

CAROLYN HAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515-4205

Your Financial Advisor

THOMAS L. HERBERT
LM FINANCIAL PARTNERS
210 EAST MAIN STREET
FRANKLIN TN 37064-2507
(615) 591-1051

Account Value

Cash Balance	42.60
Equities	30,084.90
Approximate Value	
This Statement	30,127.50
Last Statement	27,158.88

You may have purchased mutual funds, annuities, limited partnerships or other investments which are not reported as positions on this statement. If so, you will receive periodic statements directly from the fund, insurance company or partnership.

Income & Retirement Plan Accounting

	This Month	Year to Date
Other Income		
Credit Interest	0.12	0.38
Dividends	12.00	21.00
Total Income	12.12	21.38
Retirement Account Information		
1999 Contribution	0.00	65.00

Cash Balance Summary

	Cash
Opening Balance	30.48
Closing Balance	42.60

Income Activity

Date	Transaction	Quantity	Description	Price	Amount
06/24	DIVIDEND		HOME DEPOT INC CASH DIV ON 300 SHS REC 06/10/99 PAY 06/24/99		$12.00
06/30	INTEREST		INTEREST ON CREDIT BALANCE AT 4.190% 05/28 THRU 06/29		.12

Portfolio Summary

Securities prices used in your portfolio summary are obtained from outside services and their accuracy cannot be guaranteed. These values are provided as a general guide but in some cases may not reflect the actual market price. If an exact price is needed, contact your Financial Advisor.

Equities

Quantity	Description	Price	Market Value	-- Estimated -- Annual Income	Current Yield
200	AMERICAN FREIGHTWAYS CORP	19.563	$3,912.60		
300	HOME DEPOT INC	64.438	19,331.40	$48.00	0.2%

Account Statement

LM Financial Partners Inc.
Member NASD/Member SIPC

LM FINANCIAL PARTNERS℠

PREFERRED ACCOUNT

Schedule 7
P.4

Page: 2 *Duplicate*
Account:
Tax-ID:
F.A.: TLH

June 30, 1999

CAROLYN WAUGH
2229 RAYBURN BLDG

Portfolio Summary (continued)

Equities

Quantity	Description	Price	Market Value	-- Estimated -- Annual Income	Current Yield
550	RARE MEDIUM GROUP INC	12.438	6,840.90		
Market Value of Equities 100.0% of Portfolio			$30,084.90	$48.00	0.1%

Account Instructions

Investment Objectives

Investment objectives for your account are shown below. If you have any questions concerning these objectives, or wish to change them, please contact your Financial Advisor.

1. Long term growth

Delivery Instructions

Securities in your account will be held by Legg Mason for your benefit.
Cash balances will be held in your account.

Beneficiary Information

Primary Beneficiary ROBERT N CLEMENT 100%

The beneficiary designation contained in our records is reflected above. If this information is incorrect, please notify your Financial Advisor.

Duplicate Statement for the Account of:

LMAW CUSTODIAN
FBO MARY C CLEMENT
INDIVIDUAL IRA
8202 TREEBROOKE LANE
ALEXANDRIA VA 22308-1706

* - End of Statement For Account 488-800,35 - *

Account Maintained by Legg Mason Wood Walker, Inc. Member SIPC

Account Statement

LM Financial Partners Inc.
Member NASD/Member SIPC

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

Schedule 7
P.5

Page: 1 *Duplicate*
Account:
Tax-ID: ..
F.A.: TLH

July 31, 1999

Last Statement
June 30, 1999

33,720

CAROLYN WAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515-4205

Your Financial Advisor

THOMAS L. HERBERT
LM FINANCIAL PARTNERS
210 EAST MAIN STREET
FRANKLIN TN 37064-2507
(615) 591-1051

Account Value

Cash Balance	42.75
Equities	29,616.05
Approximate Value	
This Statement	29,658.80
Last Statement	30,127.50

You may have purchased mutual funds, annuities, limited partnerships or other investments which are not reported as positions on this statement. If so, you will receive periodic statements directly from the fund, insurance company or partnership.

Income & Retirement Plan Accounting

	This Month	Year to Date
Other Income		
Credit Interest	0.15	0.53
Dividends	0.00	21.00
Total Income	0.15	21.53
Retirement Account Information		
1999 Contribution	0.00	85.00

Cash Balance Summary

	Cash
Opening Balance	42.60
Closing Balance	42.75

Income Activity

Date	Transaction	Quantity	Description	Price	Amount
07/30	INTEREST		INTEREST ON CREDIT BALANCE AT 4.350% 06/30 THRU 07/29		$.15

Portfolio Summary

Securities prices used in your portfolio summary are obtained from outside services and their accuracy cannot be guaranteed. These values are provided as a general guide but in some cases may not reflect the actual market price. If an exact price is needed, contact your Financial Advisor.

Equities

Quantity	Description	Price	Market Value	-- Estimated -- Annual Income	Current Yield
200	AMERICAN FREIGHTWAYS CORP	24.00	$4,800.00		
300	HOME DEPOT INC	63.813	19,143.90	$48.00	0.2%

Account Statement

LM Financial Partners Inc.
Member NASD/Member SIPC

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

Schedule 7
P.6

Page: 2 *Duplicate*
Account:
Tax-ID: -
F.A.: TLH

July 31, 1999

CAROLYN WAUGH
2229 RAYBURN BLDG

Portfolio Summary (continued)

Equities

Quantity	Description	Price	Market Value	-- Estimated -- Annual Income	Current Yield
550	RARE MEDIUM GROUP INC	10.313	5,672.15		
Market Value of Equities 100.0% of Portfolio			$29,616.05	$48.00	0.1%

Account Instructions

Investment Objectives

Investment objectives for your account are shown below. If you have any questions concerning these objectives, or wish to change them, please contact your Financial Advisor.

1. Long term growth

Delivery Instructions

Securities in your account will be held by Legg Mason for your benefit.
Cash balances will be held in your account.

Beneficiary Information

Primary Beneficiary ROBERT N CLEMENT 100%

The beneficiary designation contained in our records is reflected above. If this information is incorrect, please notify your Financial Advisor

Duplicate Statement for the Account of:

LMMN CUSTODIAN
FBO MARY C CLEMENT
INDIVIDUAL IRA
8202 TREEBROOKE LANE
ALEXANDRIA VA 22308-1706

* ---------- End of Statement For Account 488-80035 ---------- *

Account Statement

LM Financial Partners Inc.
Member NASD/Member SIPC

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

Schedule 7
p. 7

Page: 1 *Duplicate*
Account:
Tax-ID: -
F.A.: TLH

August 31, 1999

Last Statement
July 31, 1999

35,658

CAROLYN WAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515-4205

Your Financial Advisor

THOMAS L. HERBERT
LM FINANCIAL PARTNERS
210 EAST MAIN STREET
FRANKLIN TN 37064-2507
(615) 591-1051

Account Value

Cash Balance	7.87
Equities	27,762.50

Approximate Value

This Statement	27,770.37
Last Statement	29,658.80

You may have purchased mutual funds, annuities, limited partnerships or other investments which are not reported as positions on this statement. If so, you will receive periodic statements directly from the fund, insurance company or partnership.

Income & Retirement Plan Accounting

	This Month	Year to Date
Other Income		
Credit Interest	0.12	0.65
Dividends	0.00	21.00
Total Income	0.12	21.65
Retirement Account Information		
1999 Contribution	0.00	85.00

Cash Balance Summary

	Cash
Opening Balance	42.75
Closing Balance	7.87

Income Activity

Date	Transaction	Quantity	Description	Price	Amount
08/31	INTEREST		INTEREST ON CREDIT BALANCE AT 4.430% 07/30 THRU 08/30		$.12

Other Activity

Date	Transaction	Quantity	Description	Price	Amount
08/23	TRANSFER		CUSTODIAN FEE 1999		$35.00-

Account Statement

LM Financial Partners Inc.
Member NASD/Member SIPC

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

Schedule 8?

Page: 2 *Duplicate*
Account:
Tax-ID:
F.A.: TLH

August 31, 1999

CAROLYN HAUGH
2229 RAYBURN BLDG

Portfolio Summary

Securities prices used in your portfolio summary are obtained from outside services and their accuracy cannot be guaranteed. These values are provided as a general guide but in some cases may not reflect the actual market price. If an exact price is needed, contact your Financial Advisor.

Equities

Quantity	Description	Price	Market Value	-- Estimated -- Annual Income	Current Yield
200	AMERICAN FREIGHTWAYS CORP	21.00	$4,200.00		
300	HOME DEPOT INC	61.125	18,337.50	$48.00	0.2%
550	RARE MEDIUM GROUP INC	9.50	5,225.00		
Market Value of Equities 100.0% of Portfolio			$27,762.50	$48.00	0.1%

Account Instructions

Investment Objectives

Investment objectives for your account are shown below. If you have any questions concerning these objectives, or wish to change them, please contact your Financial Advisor.

1. Long term growth

Delivery Instructions

Securities in your account will be held by Legg Mason for your benefit.
Cash balances will be held in your account.

Beneficiary Information

Primary Beneficiary ROBERT N CLEMENT 100%

The beneficiary designation contained in our records is reflected above. If this information is incorrect, please notify your Financial Advisor.

Duplicate Statement for the Account of:

LMHW CUSTODIAN
FBO MARY C CLEMENT
INDIVIDUAL IRA
6202 TREEBROOKE LANE
ALEXANDRIA VA 22308-1706

End of Statement For Account 488-80035

Account Maintained by [illegible]

Account Statement

LM Financial Partners Inc.
Member NASD/Member SPC

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

Schedule 7 p.9

Page: 1 *Duplicate*
Account:
Tax-ID: ---
F.A.: TLH

September 30, 1999

Last Statement
August 31, 1999

45,585

CAROLYN WAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515-4205

Your Financial Advisor

THOMAS L. HERBERT
LM FINANCIAL PARTNERS
210 EAST MAIN STREET
FRANKLIN TN 37064-2507
(615) 591-1051

Account Value

Cash Balance	19.90
Equities	30,034.75

Approximate Value

This Statement	30,034.65
Last Statement	27,770.57

You may have purchased mutual funds, annuities, limited partnerships or other investments which are not reported as positions on this statement. If so, you will receive periodic statements directly from the fund, insurance company or partnership.

Income & Retirement Plan Accounting

	This Month	Year to Date
Other Income		
Credit Interest	0.03	0.60
Dividends	12.00	33.00
Total Income	12.05	33.60
Retirement Account Information		
1999 Contribution	0.00	85.00

Cash Balance Summary

	Cash
Opening Balance	7.85
Closing Balance	19.90

Income Activity

Date	Transaction	Quantity	Description	Price	Amount
09/14	DIVIDEND		HOME DEPOT INC CASH DIV ON 300 SHS REC 09/02/99 PAY 09/16/99		612.00
09/30	INTEREST		INTEREST ON CREDIT BALANCE AT 4.500% 08/31 THRU 09/29		.05

Portfolio Summary

Securities prices used in your portfolio summary are obtained from outside services and their accuracy cannot be guaranteed. These values are provided as a general guide but in some cases may not reflect the actual market price. If an exact price is needed, contact your Financial Advisor.

Equities

Quantity	Description	Price	Market Value	-- Estimated -- Annual Income	Current Yield
200	AMERICAN FREIGHTWAYS CORP	18.188	$3,637.60		
300	HOME DEPOT INC	68.625	20,587.50	$48.00	0.2%

Account Statement

LM Financial Partners Inc.
Member NASD/Member SPC

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Schedule 7 p. 10

Page: 2 *Duplicate*
Account:
Tax-ID: --
F.A.: TLH

September 30, 1999

CAROLYN HAUGH
2229 RAYBURN BLDG

Portfolio Summary (continued)

Equities

Quantity	Description	Price	Market Value	-- Estimated -- Annual Income	Current Yield
550	RARE MEDIUM GROUP INC	10.563	5,809.65		
Market Value of Equities 100.0% of Portfolio			$30,034.75	$48.00	0.1%

Account Instructions

Investment Objectives

Investment objectives for your account are shown below. If you have any questions concerning these objectives, or wish to change them, please contact your Financial Advisor.

1. Long term growth

Delivery Instructions

Securities in your account will be held by Legg Mason for your benefit.
Cash balances will be held in your account.

Beneficiary Information

Primary Beneficiary ROBERT N CLEMENT 100%

The beneficiary designation contained in our records is reflected above. If this information is incorrect, please notify your Financial Advisor.

Duplicate Statement for the Account of:

LMMW CUSTODIAN
FBO MARY C CLEMENT
INDIVIDUAL IRA
8202 TREEBROOKE LANE
ALEXANDRIA VA 22308-1706

Account Statement

LM Financial Partners Inc.
Member NASD/Member SIPC

LM FINANCIAL PARTNERS℠

PREFERRED ACCOUNT

Schedule 7 P.11

Page: 1 *Duplicate*
Account:
Tax-ID: ,
F.A.: TLH

October 31, 1999

Last Statement
September 30, 1999

35,922

CAROLYN WAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515-4205

Your Financial Advisor

THOMAS L. HERBERT
LM FINANCIAL PARTNERS
210 EAST MAIN STREET
FRANKLIN TN 37064-2507
(615) 591-1051

Account Value

Cash Balance	19.97
Equities	34,887.50
Approximate Value	
This Statement	34,907.47
Last Statement	30,054.65

You may have purchased mutual funds, annuities, limited partnerships or other investments which are not reported as positions on this statement. If so, you will receive periodic statements directly from the fund, insurance company or partnership.

Income & Retirement Plan Accounting

	This Month	Year to Date
Other Income		
Credit Interest	0.07	0.75
Dividends	0.00	33.00
Total Income	0.07	33.75
Retirement Account Information		
1999 Contribution	0.00	85.00

Cash Balance Summary

	Cash
Opening Balance	19.90
Closing Balance	19.97

Income Activity

Date	Transaction	Quantity	Description	Price	Amount
10/29	INTEREST		INTEREST ON CREDIT BALANCE AT 4.590% 09/30 THRU 10/28		$.07

Portfolio Summary

Securities prices used in your portfolio summary are obtained from outside services and their accuracy cannot be guaranteed. These values are provided as a general guide but in some cases may not reflect the actual market price. If an exact price is needed, contact your Financial Advisor.

Equities

Quantity	Description	Price	Market Value	-- Estimated -- Annual Income	Current Yield
200	AMERICAN FREIGHTWAYS CORP	20.625	$4,125.00		
300	HOME DEPOT INC	75.50	22,650.00	$48.00	0.2%

Account Statement

LM Financial Partners Inc.
Member NASD/Member SIPC

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

Schedule 7 P.12

Page: 2 [illegible]
Account:
Tax-ID: --
F.A.: TLH

October 31, 1999

CAROLYN WAUGH
2229 RAYBURN BLDG

Portfolio Summary (continued)

Equities

Quantity	Description	Price	Market Value	-- Estimated -- Annual Income	Current Yield
550	RARE MEDIUM GROUP INC	14.75	8,112.50		
Market Value of Equities 100.0% of Portfolio			$34,887.50	$48.00	0.1%

Account Instructions

Investment Objectives

Investment objectives for your account are shown below. If you have any questions concerning these objectives, or wish to change them, please contact your Financial Advisor.

1. Long term growth

Delivery Instructions

Securities in your account will be held by Legg Mason for your benefit
Cash balances will be held in your account

Beneficiary Information

Primary Beneficiary ROBERT N CLEMENT 100%

The beneficiary designation contained in our records is reflected above. If this information is incorrect, please notify your Financial Advisor.

Duplicate Statement for the Account of:

LMHW CUSTODIAN
FBO MARY C CLEMENT
INDIVIDUAL IRA
8202 TREEBROOKE LANE
ALEXANDRIA VA 22308-1706

Account Statement

LM Financial Partners Inc.
Member NASD/Member SPC

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

Schedule 7 P.13

Page: 1 *Duplicate*
Account:
Tax-ID:
F.A.: TLH

November 30, 1999

Last Statement
October 31, 1999

38,392

CAROLYN WAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515-4205

Your Financial Advisor

THOMAS L. HERBERT
LM FINANCIAL PARTNERS
210 EAST MAIN STREET
FRANKLIN TN 37064-2507
(615) 591-1051

Account Value

Cash Balance	20.05
Equities	42,444.00
Approximate Value	
This Statement	42,464.05
Last Statement	34,907.47

You may have purchased mutual funds, annuities, limited partnerships or other investments which are not reported as positions on this statement. If so, you will receive periodic statements directly from the fund, insurance company or partnership.

Income & Retirement Plan Accounting

	This Month	Year to Date
Other Income		
Credit Interest	0.08	0.83
Dividends	0.00	33.00
Total Income	0.08	33.83
Retirement Account Information		
1999 Contribution	0.00	85.00

Cash Balance Summary

	Cash
Opening Balance	19.97
Closing Balance	20.05

Income Activity

Date	Transaction	Quantity	Description	Price	Amount
11/30	INTEREST		INTEREST ON CREDIT BALANCE AT 4.670% 10/29 THRU 11/29		$.08

Portfolio Summary

Securities prices used in your portfolio summary are obtained from outside services and their accuracy cannot be guaranteed. These values are provided as a general guide but in some cases may not reflect the actual market price. If an exact price is needed, contact your Financial Advisor.

Equities

Quantity	Description	Price	Market Value	-- Estimated -- Annual Income	Current Yield
200	AMERICAN FREIGHTWAYS CORP	17.313	$3,462.60		
300	HOME DEPOT INC	79.063	23,718.90	$72.00	0.3%

See Reverse Side For Important Information

Account Maintained by Legg Mason Wood Walker, Inc. Member SIPC

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Schedule 7 P.14

Page: 2 *Duplicate*
Account:
Tax-ID:
F.A.: TLH

November 30, 1999

CAROLYN HAUGH
2229 RAYBURN BLDG

Portfolio Summary (continued)

Equities

Quantity	Description	Price	Market Value	-- Estimated -- Annual Income	Current Yield
550	RARE MEDIUM GROUP INC	27.75	15,262.50		
Market Value of Equities 100.0% of Portfolio			$42,444.00	$72.00	0.1%

Account Instructions

Investment Objectives

Investment objectives for your account are shown below. If you have any questions concerning these objectives, or wish to change them, please contact your Financial Advisor.

1. Long term growth

Delivery Instructions

Securities in your account will be held by Legg Mason for your benefit
Cash balances will be held in your account.

Beneficiary Information

Primary Beneficiary ROBERT N CLEMENT 100%

The beneficiary designation contained in our records is reflected above. If this information is incorrect, please notify your Financial Advisor.

Duplicate Statement for the Account of:

LMWN CUSTODIAN
FBO MARY C CLEMENT
INDIVIDUAL IRA
8202 TREEBROOKE LANE
ALEXANDRIA VA 22308-1706

Account Statement

LM Financial Partners Inc.
Member NASD/Member SIPC

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

Schedule 7 P.15

Page: 1 *Duplicate*
Account:
Tax-ID:
F.A.: TLH

December 31, 1999

Retirement Account Summary

Last Statement
November 30, 1999

47,516

CAROLYN HAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515-4205

Your Financial Advisor

THOMAS L. HERBERT
LM FINANCIAL PARTNERS
210 EAST MAIN STREET
FRANKLIN TN 37064-2507
(615) 591-1051

Account Value

Cash Balance	38.17
Equities	52,859.70
Approximate Value	
This Statement	52,897.87
Last Statement	42,464.05

You may have purchased mutual funds, annuities, limited partnerships or other investments which are not reported as positions on this statement. If so, you will receive periodic statements directly from the fund, insurance company or partnership.

Income & Retirement Plan Accounting

	This Month	Year to Date
Other Income		
Credit Interest	0.12	0.95
Dividends	18.00	51.00
Total Income	18.12	51.95
Retirement Account Information		
1999 Contribution	0.00	85.00

Cash Balance Summary

	Cash
Opening Balance	20.05
Closing Balance	38.17

Income Activity

Date	Transaction	Quantity	Description	Price	Amount
12/16	DIVIDEND		HOME DEPOT INC CASH DIV ON 300 SHS REC 12/02/99 PAY 12/16/99		$18.00
12/31	INTEREST		INTEREST ON CREDIT BALANCE AT 4.860% 11/30 THRU 12/30		.12

Other Activity

Date	Transaction	Quantity	Description	Price	Amount
12/31	STOCK DIV	150	HOME DEPOT INC STK SPLIT ON 300 SHS REC 12/02/99 PAY 12/31/99		

See Reverse Side For Important Information

Account Maintained by Lynch Mason Wood Walker Inc. Memphis, TN 38102

Account Statement

LM Financial Partners Inc.
Member NASD/Member SIPC

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

Schedule 7 p. 16

Page: 2 *Duplicate*
Account:
Tax-ID: ---
F.A.: TLH

December 31, 1999 Retirement Account Summary

CAROLYN HAUGH
2229 RAYBURN BLDG

Portfolio Summary

Securities prices used in your portfolio summary are obtained from outside services and their accuracy cannot be guaranteed. These values are provided as a general guide but in some cases may not reflect the actual market price. If an exact price is needed, contact your Financial Advisor.

Equities

Quantity	Description	Price	Market Value	-- Estimated -- Annual Income	Current Yield
200	AMERICAN FREIGHTWAYS CORP	16.188	$3,237.60		
450	HOME DEPOT INC	68.563	30,853.35	$72.00	0.2%
550	RARE MEDIUM GROUP INC	34.125	18,768.75		
	Market Value of Equities 100.0% of Portfolio		$52,859.70	$72.00	0.1%

Account Instructions

Investment Objectives

Investment objectives for your account are shown below. If you have any questions concerning these objectives, or wish to change them, please contact your Financial Advisor.

1. Long term growth

Delivery Instructions

Securities in your account will be held by Legg Mason for your benefit.
Cash balances will be held in your account

Beneficiary Information

Primary Beneficiary ROBERT N CLEMENT 100%

The beneficiary designation contained in our records is reflected above. If this information is incorrect, please notify your Financial Advisor.

Duplicate Statement for the Account of:

LMHW CUSTODIAN
FBO MARY C CLEMENT
INDIVIDUAL IRA
8202 TREEBROOKE LANE
ALEXANDRIA VA 22308-1706

Unless you hold unpriced securities, your December Monthly statement will double as your Retirement Account Summary detailing contributions made to your retirement account for 1999 during 1999 as well as the fair market value. Should you hold any unpriced securities, a separate Retirement Account Summary will be issued in January. This information will be reported to the Internal Revenue Service. Please report any discrepancies to your Financial Advisor. Any contributions made between January 1, 2000 and April 17, 2000 for 1999 will be reported to the IRS on Form 5498 which is issued in May. If you have not made your 1999 contribution you have until April 17, 2000 to do so.

Schedule 7
P.17

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc
Member NASD/Member SIPC

PAGE 1
ACCOUNT:
TAX-ID
F.A.

LMFP CUSTODIAN
FBO MARY C CLEMENT
INDIVIDUAL IRA
8202 TREEBROOKE LANE
ALEXANDRIA VA 22308-1706

JANUARY 31, 1999
LAST STATEMENT
DECEMBER 31, 1998

YOUR FINANCIAL ADVISOR

THOMAS L. HERBERT
LM FINANCIAL PARTNERS
210 EAST MAIN STREET
FRANKLIN TN 37064-2507
(615) 591-1051

ACCOUNT VALUE

CASH BALANCE	63.78-
EQUITIES	23,968.75

APPROXIMATE VALUE

THIS STATEMENT	23,904.97
LAST STATEMENT	22,867.57

YOU MAY HAVE PURCHASED MUTUAL FUNDS, ANNUITIES, LIMITED PARTNERSHIPS OR OTHER INVESTMENTS WHICH ARE NOT REPORTED AS POSITIONS ON THIS STATEMENT. IF SO, YOU WILL RECEIVE PERIODIC STATEMENTS DIRECTLY FROM THE FUND, INSURANCE COMPANY OR PARTNERSHIP.

CASH BALANCE SUMMARY

	CASH
OPENING BALANCE	63.78-
CLOSING BALANCE	63.78-

PORTFOLIO SUMMARY

SECURITIES PRICES USED IN YOUR PORTFOLIO SUMMARY ARE OBTAINED FROM OUTSIDE SERVICES AND THEIR ACCURACY CANNOT BE GUARANTEED. THESE VALUES ARE PROVIDED AS A GENERAL GUIDE BUT INSOME CASES MAY NOT REFLECT THE ACTUAL MARKET PRICE. IF AN EXACT PRICE IS NEEDED CONTACT YOUR FINANCIAL ADVISOR

EQUITIES

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED -- ANNUAL INCOME	CURRENT YIELD
200	AMERICAN FREIGHTWAYS CORP	14.50	$2,900.00		
300	HOME DEPOT INC	60.375	18,112.50	$36.00	0.1%
550	ICG TECHNOLOGIES INC NEW	5.375	2,956.25		
	MARKET VALUE OF EQUITIES		$23,968.75	$36.00	0.1%
	100.0% OF PORTFOLIO				

SEE REVERSE SIDE FOR IMPORTANT INFORMATION
ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER SIPC

Schedule 7
P.18

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD/Member SIPC

PAGE : 2
ACCOUNT:
TAX-ID :
F.A. : TLH

JANUARY 31, 1999

LMSM CUSTODIAN
FBO MARY C CLEMENT

ACCOUNT INSTRUCTIONS
INVESTMENT OBJECTIVES
INVESTMENT OBJECTIVES FOR YOUR ACCOUNT ARE SHOWN BELOW. IF YOU HAVE ANY QUESTIONS CONCERNING THESE OBJECTIVES, OR WISH TO CHANGE THEM, PLEASE CONTACT YOUR FINANCIAL ADVISOR.
I. LONG TERM GROWTH

DELIVERY INSTRUCTIONS
SECURITIES IN YOUR ACCOUNT WILL BE HELD BY LEGG MASON FOR YOUR BENEFIT.
CASH BALANCES WILL BE HELD IN YOUR ACCOUNT.

BENEFICIARY INFORMATION

PRIMARY BENEFICIARY ROBERT N CLEMENT 100%

THE BENEFICIARY DESIGNATION CONTAINED IN OUR RECORDS IS REFLECTED ABOVE.
IF THIS INFORMATION IS INCORRECT, PLEASE NOTIFY YOUR FINANCIAL ADVISOR.

- END OF STATEMENT FOR ACCOUNT 483-89035 - - - - - - - - -
ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER SIPC

Schedule 7
P.19

LM FINANCIAL PARTNERS

LM FINANCIAL PARTNERS, INC.
MEMBER NASD/SIPC
A LEGG MASON COMPANY

FRANKLIN FINANCIAL SECURITIES
210 East Main Street - Franklin, TN 37064
615-591-1051 Fax: 615-591-1047

facsimile transmittal

To:	Carolyn Waugh	Fax:	202-226-8734
From:	Tom Herbert	Date:	April 18, 2000
	Account # 488-80035 FBO - Mary C. Clement		1
CC:			
Phone:	615-591-1054 (800) 339-6052 x393		

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Notes:

There was n[illegible] in February, 1999; therefore, there was not a statement generated

Tom Herbert

Not FDIC Insured • No Bank Guarantee • May Lose Value

Securities products and services are offered through LM Financial Partners, Inc. (LMFP), a registered broker-dealer and member of the NASD and SIPC. LMFP is a subsidiary of Legg Mason, Inc. and not affiliated with Franklin National Bank and Franklin Financial Securities.

Schedule 7
P.20

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD/Member SIPC

PAGE : 1
ACCOUNT:
TAX-ID :
F.A : TLM

MARCH 31, 1999
LAST STATEMENT
JANUARY 31, 1999

LMFW CUSTODIAN
FBO MARY C CLEMENT
INDIVIDUAL IRA
8202 TREEBROOKE LANE
ALEXANDRIA VA 22309-1706

YOUR FINANCIAL ADVISOR

THOMAS L. HERBERT
LM FINANCIAL PARTNERS
210 EAST MAIN STREET
FRANKLIN TN 37064-2507
(615) 591-1051

ACCOUNT VALUE

CASH BALANCE	30.28
EQUITIES	23,862.50

APPROXIMATE VALUE

THIS STATEMENT	23,892.78
LAST STATEMENT	23,504.97

YOU MAY HAVE PURCHASED MUTUAL FUNDS, ANNUITIES, LIMITED PARTNERSHIPS OR OTHER INVESTMENTS WHICH ARE NOT REPORTED AS POSITIONS ON THIS STATEMENT. IF SO, YOU WILL RECEIVE PERIODIC STATEMENTS DIRECTLY FROM THE FUND, INSURANCE COMPANY OR PARTNERSHIP.

INCOME & RETIREMENT PLAN ACCOUNTING

	THIS MONTH	YEAR TO DATE
OTHER INCOME		
CREDIT INTEREST	0.06	0.06
DIVIDENDS	9.00	9.00
TOTAL INCOME	9.06	9.06
RETIREMENT ACCOUNT INFORMATION		
1999 CONTRIBUTION	85.00	85.00

CASH BALANCE SUMMARY

	CASH
OPENING BALANCE	43.78-
CLOSING BALANCE	30.28

INCOME ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
03/18	DIVIDEND		HOME DEPOT INC CASH DIV ON 300 SHS REC 03/04/99 PAY 03/18/99		$9.00
03/31	INTEREST		INTEREST ON CREDIT BALANCE AT 4.240% 02/26 THRU 03/30		.06

OTHER ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
03/09	TRANSFER		TRANSFER FROM ACCT 087-50488-1 REIMBURSE TRANSFER FEES		$85.00
03/24	NAME CHANGE	550-	ICC TECHNOLOGIES INC NEW SURRENDERED - NAME CHANGE		
03/24	NAME CHANGE	550	RARE MEDIUM GROUP INC RESULT OF NAME CHANGE		

SEE REVERSE SIDE FOR IMPORTANT INFORMATION
ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER SIPC

Schedule 7
P.21

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD/Member SIPC

PAGE : 2
ACCOUNT:
TAX-ID :
F.A. : TLM

MARCH 31, 1999

LMFW CUSTODIAN
FBO MARY C CLEMENT

PORTFOLIO SUMMARY

SECURITIES PRICES USED IN YOUR PORTFOLIO SUMMARY ARE OBTAINED FROM OUTSIDE SERVICES AND THEIR ACCURACY CANNOT BE GUARANTEED. THESE VALUES ARE PROVIDED AS A GENERAL GUIDE BUT INSOME CASES MAY NOT REFLECT THE ACTUAL MARKET PRICE. IF AN EXACT PRICE IS NEEDED CONTACT YOUR FINANCIAL ADVISOR.

EQUITIES

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED -- ANNUAL INCOME	CURRENT YIELD
200	AMERICAN FREIGHTWAYS CORP	12.875	$2,575.00		
300	HOME DEPOT INC	62.25	18,675.00	$36.00	0.1%
550	RARE MEDIUM GROUP INC	4.75	2,612.50		
	MARKET VALUE OF EQUITIES 100.0% OF PORTFOLIO		$23,862.50	$36.00	0.1%

ACCOUNT INSTRUCTIONS
INVESTMENT OBJECTIVES
INVESTMENT OBJECTIVES FOR YOUR ACCOUNT ARE SHOWN BELOW IF YOU HAVE ANY QUESTIONS CONCERNING THESE OBJECTIVES, OR WISH TO CHANGE THEM, PLEASE CONTACT YOUR FINANCIAL ADVISOR.
1. LONG TERM GROWTH

DELIVERY INSTRUCTIONS
SECURITIES IN YOUR ACCOUNT WILL BE HELD BY LEGG MASON FOR YOUR BENEFIT.
CASH BALANCES WILL BE HELD IN YOUR ACCOUNT.

BENEFICIARY INFORMATION

PRIMARY BENEFICIARY ROBERT M CLEMENT 100%

THE BENEFICIARY DESIGNATION CONTAINED IN OUR RECORDS IS REFLECTED ABOVE.
IF THIS INFORMATION IS INCORRECT, PLEASE NOTIFY YOUR FINANCIAL ADVISOR.

IN ACCORDANCE WITH NEW YORK STOCK EXCHANGE RULE 791 (A), WE ARE HEREBY NOTIFYING YOU THAT WE ARE UTILIZING THE ADP AUTOMATED RANDOM SYSTEM TO ALLOCATE OPTION EXERCISE NOTICES.

NASD REGULATION, INC. PUBLIC DISCLOSURE PROGRAM - AN INVESTOR BROCHURE DESCRIBING THE PUBLIC DISCLOSURE PROGRAM IS AVAILABLE BY CALLING THE HOTLINE NUMBER (800) 289-9999 OR ACCESSING THE WEBSITE AT WWW.NASDR.COM

* - END OF STATEMENT FOR ACCOUNT 488-80035 - - - - - - - - -
ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER SIPC

Account Statement

LM Financial Partners Inc.
Member NASD/Member SIPC

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Schedule 7 p.22

Page: 1 *Duplicate*
Account:
Tax-ID:
F.A.: TLH

April 30, 1999

Last Statement
March 31, 1999

33,369

CAROLYN WAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515-0005

Your Financial Advisor

THOMAS L. HERBERT
LM FINANCIAL PARTNERS
210 EAST MAIN STREET
FRANKLIN TN 37064-2507
(615) 591-1051

Account Value

Cash Balance	30.38
Equities	29,669.00

Approximate Value

This Statement	29,699.38
Last Statement	25,692.78

You may have purchased mutual funds, annuities, limited partnerships or other investments which are not reported as positions on this statement. If so, you will receive periodic statements directly from the fund, insurance company or partnership.

Income & Retirement Plan Accounting

	This Month	Year to Date
Other Income		
Credit Interest	0.10	0.16
Dividends	0.00	9.00
Total Income	0.10	9.16
Retirement Account Information		
1999 Contribution	0.00	85.00

Cash Balance Summary

	Cash
Opening Balance	30.28
Closing Balance	30.38

Income Activity

Date	Transaction	Quantity	Description	Price	Amount
04/30	INTEREST		INTEREST ON CREDIT BALANCE AT 4.200% 03/31 THRU 04/29		0.10

Portfolio Summary

Securities prices used in your portfolio summary are obtained from outside services and their accuracy cannot be guaranteed. These values are provided as a general guide but in some cases may not reflect the actual market price. If an exact price is needed, contact your Financial Advisor.

Equities

Quantity	Description	Price	Market Value	-- Estimated -- Annual Income	Current Yield
200	AMERICAN FREIGHTWAYS CORP	17.188	93,437.60		
300	HOME DEPOT INC	59.938	17,981.40	$36.00	0.2%

Account Statement

LM Financial Partners Inc.
Member NASD/Member SPC

Schedule 7 p.23

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

Page: 2 *Duplicate*
Account:
Tax-ID:
F.A.: TLH

April 30, 1999

CAROLYN HAUGH
2229 RAYBURN BLDG

Portfolio Summary (continued)

Equities

Quantity	Description	Price	Market Value	-- Estimated -- Annual Income	Current Yield
550	RARE MEDIUM GROUP INC	15.00	8,250.00		
Market Value of Equities 100.0% of Portfolio			$29,669.00	$36.00	0.1%

Account Instructions

Investment Objectives

Investment objectives for your account are shown below. If you have any questions concerning these objectives, or wish to change them, please contact your Financial Advisor.

1. Long term growth

Delivery Instructions

Securities in your account will be held by Legg Mason for your benefit.
Cash balances will be held in your account.

Beneficiary Information

Primary Beneficiary ROBERT N CLEMENT 100%

The beneficiary designation contained in our records is reflected above. If this information is incorrect, please notify your Financial Advisor.

Duplicate Statement for the Account of:

LMWW CUSTODIAN
FBO MARY C CLEMENT
INDIVIDUAL IRA
8202 TREEBROOKE LANE
ALEXANDRIA VA 22308-1706

-LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

Schedules p. 1

1999 ENHANCED TAX REPORTING STATEMENT — 576-39B44 413-45-4508 1999 Annual Summary

CORRECTED 1099 2/15/00

ROBERT N CLEMENT C/F
RACHEL C CLEMENT UTMA/VA
UNTIL AGE 21
8202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

Your Financial Consultant 3517
GARY D BAKER
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

Payer:
Merrill Lynch,
Pierce, Fenner & Smith Inc
300 Davidson Ave
Somerset, NJ 08873
Federal Identification Number 13-5674085

1099-DIV 1999 Dividends and Distributions (OMB NO. 1545-0110)

		Amount
1	Ordinary Dividends	603.58
2a	Total Capital Gain Distributions	46.78
2b	28% Rate Gain	0.00
2c	Unrecap. Sec. 1250 Gain	5.44
2d	Section 1202 Gain	0.00
3	Non-Taxable Distributions	12.86
4	Federal Income Tax Withheld	0.00
5	Investment Expenses	8.87
6	Foreign Tax Paid	0.00
7	Foreign Country or U.S. Possession	
8	Liquidation Distributions Cash	0.00
9	Liquidation Distributions Non-Cash (Fair Market Value)	0.00

See Page 3 of the Tax Guide for an Explanation.

1099-INT 1999 Interest Income (OMB NO. 1545-0112)

		Amount
1	Interest Income Not included in Line 3	0.00
2	Early Withdrawal Penalty	0.00
3	Interest on U.S. Savings Bonds and Treasury Obligations	0.00
4	Federal Income Tax Withheld	0.00
5	Investment Expenses	0.00
6	Foreign Tax Paid	0.00
7	Foreign Country or U.S. Possession	
*	Total Reportable Interest is the Sum of Lines 1 and 3	0.00

See Page 5 of the Tax Guide for an Explanation.

Summary of 1999 Original Issue Discount Items

		Amount
1	Original Issue Discount	0.00 **
6	Original Issue Discount on Treasury Obligations	0.00 **
	Total Original Issue Discount is the Sum of Lines 1 and 6	0.00 **

**Amounts of Original Issue Discount are individually reported to the IRS. Refer to the 1999 Original Issue Discount detail section of this statement.

See Page 7 of the Tax Guide for an Explanation.

Summary of 1999 Proceeds from Broker & Barter Exchange Transactions

		Amount
2	Gross Proceeds Less Commissions	32,554.39
4	Federal Income Tax Withheld	0.00

Gross Proceeds from each of your 1999 securities trades are individually reported to the IRS. Refer to the 1999 Gross Proceeds detail section of this statement.

See Page 8 of the Tax Guide for an Explanation.

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanctions may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

17923

You may reach a Tax Representative at 1-(800) MER-ACCT (1-800-637-2228).

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PLICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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ROBERT N CLEMENT C/F

1099-B 1999 PROCEEDS FROM BROKER & BARTER EXCHANGE TRANSACTIONS (OMB NO. 1545-0715)

Security Description	Cusip Number	Quantity	Transaction Description	Trade Date	Amount Withheld	Line 2 1099-B Gross Proceeds*	Remarks
CENTRAL PARKING CORP	154785109	100	SALE	12/27/99		1,937.33	
GLOBAL MARINE INC NEW	379352404	500	SALE	12/16/99		7,288.86	
COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS	294710512	5808	PRIN PAYMT	07/26/99		84.05	
		5973	SALE	09/07/99		4,960.28	
				Subtotal		**5,044.33**	
MASS INVESTORS GROWTH STOCK FUND CLASS C	575719307	239	SALE	06/16/99		3,908.87	
MFS CAP DPP FD CL C	552988800	229	SALE	08/26/99		4,243.91	
		8	SALE	10/11/99		160.23	
		8	SALE	12/16/99		179.09	
				Subtotal		**4,583.23**	
MERCURY INTL FD CL C	589358605	476	SALE	03/26/99		4,937.51	
MERCURY US LARGE CAP CLASS C	589358787	480	SALE	10/14/99		4,854.26	
TOTAL GROSS PROCEEDS						**32,554.39**	
TOTAL FEDERAL INCOME TAX WITHHELD					0.00		

* Gross Proceeds and above transaction details from each of your 1999 securities trades are individually reported to the IRS (less commissions). See page 8 of the Tax Guide for an explanation.

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ROBERT N CLEMENT C/F

1999 DIVIDENDS AND DISTRIBUTIONS

Security Description	Quantity	Date	Transaction Description	Debit	Credit	Remarks
DIVIDENDS						
CENTRAL PARKING CORP	100	04/14/99	DIVIDEND		1.50	
	100	07/14/99	DIVIDEND		1.50	
	100	10/14/99	DIVIDEND		1.50	
			Subtotal		4.50	
COHEN & STEERS REALTY	5808	12/31/99	RECLASS DIST		159.25	TOTAL DIV DIST 188.08
MAJORS PORTFOLIO						**TRANSACTION ADDED**
DEFINED ASSET FUNDS		12/31/99	INVESTMENT EXPENSES		8.87	
			Subtotal		168.12	
DELAWARE SELECT GROWTH FUND CL C		12/15/99	SHORT TERM CAPITAL GAIN		125.99	
MFS CAP OPP FD CL C		12/20/99	SHORT TERM CAPITAL GAIN		1.35	
CMA FUND		JAN	DIVIDEND		122.49	
		FEB	DIVIDEND		78.07	
		MAR	DIVIDEND		23.46	
		APR	DIVIDEND		15.06	
		MAY	DIVIDEND		11.47	
		JUN	DIVIDEND		11.04	
		JUL	DIVIDEND		13.57	
		AUG	DIVIDEND		10.47	
		SEP	DIVIDEND		5.34	
		OCT	DIVIDEND		1.53	
		NOV	DIVIDEND		.85	
		DEC	DIVIDEND		10.27	
			Subtotal		303.62	

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PLICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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1999 ENHANCED TAX REPORTING STATEMENT

ROBERT N CLEMENT C/F

1999 DIVIDENDS AND DISTRIBUTIONS

Security Description	Quantity	Date	Transaction Description	Debit	Credit	Remarks
DIVIDENDS						
FEDERAL INCOME TAX WITHHELD				0.00		
TOTAL FOREIGN TAX PAID (LINE 6 1099-DIV)				0.00		
TOTAL INVESTMENT EXPENSES (LINE 5 1099-DIV)					8.87	
TOTAL ORDINARY DIVIDENDS (LINE 1 1099-DIV)					603.58	
CAPITAL GAIN DISTRIBUTIONS						
COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS	5808	12/31/99	RECLASS DIST		10.53	REF 1099DIV RECLASS DIST TRANSACTION ADDED
DELAWARE SELECT GROWTH FUND CL C		12/15/99	LONG TERM CAPITAL GAIN		29.79	
MFS CAP OPP FD CL C		12/20/99	LONG TERM CAPITAL GAIN		1.02	
TOTAL 20% RATE CAPITAL GAIN DISTRIBUTIONS					41.34	
COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS	5808	12/31/99	RECLASS DIST		5.44	REF 1099DIV RECLASS DIST TRANSACTION ADDED
TOTAL UNRECAP. SEC. 1250 GAIN (LINE 2C 1099-DIV)					5.44	
FEDERAL INCOME TAX WITHHELD				0.00		
TOTAL CAPITAL GAIN DISTRIBUTIONS (LINE 2A 1099-DIV)					46.78	

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ROBERT N CLEMENT C/F

1999 DIVIDENDS AND DISTRIBUTIONS

Security Description	Quantity	Date	Transaction Description	Debit	Credit	Remarks
NONTAXABLE DISTRIBUTIONS						
COHEN & STEERS REALTY **MAJORS PORTFOLIO** DEFINED ASSET FUNDS	5808	12/31/99	RECLASS DIST		12.86	REF 1099DIV RECLASS DIST **TRANSACTION ADDED**
TOTAL NONTAXABLE DISTRIBUTIONS (LINE 3 1099-DIV)					12.86	
TOTAL FEDERAL INCOME TAX WITHHELD (LINE 4 1099-DIV)				0.00		

IMPORTANT TAX INFORMATION

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanctions may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

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ROBERT N CLEMENT C/F
RACHEL C CLEMENT UTMA/VA
UNTIL AGE 21
8202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

Your Financial Consultant 3517
GARY D BAKER
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

1999 INCOME SUMMARY

Reportable Dividends	603.58 *
Reportable Interest	0.00
Non-Reportable Money Fund Dividends	0.00
Non-Reportable Div./Limited Partnership Div.	0.00
Non-Reportable Interest	0.00
Non-Reportable OID	0.00
Total	603.58
Accrued Interest Paid	0.00
Foreign Tax Paid - Dividends	0.00
Foreign Tax Paid - Interest	0.00
Margin Interest Charged	0.00

* Includes Reportable CMA Money Fund Dividends

1999 FINANCIAL MARKET INDICATORS

INDICATOR	PERCENTAGE CHANGE (%)
CMA Tax-Exempt Fund	3.20
CMA Money Fund	5.40
3-Month Treasury Bills	4.85
Long-Term Treasury Bonds	-9.25
Long-Term Municipal Bonds	-6.34
Dow Jones Industrials	25.22
Standard & Poor's 500	19.53
NYSE Composite	9.15
NASDAQ Composite	85.50

REALIZED CAPITAL GAIN AND LOSS SUMMARY *

	GAINS	LOSSES	NET
SHORT-TERM	2,764.79	(1,921.33)	843.46
LONG-TERM - 20%	0.00	0.00	0.00

CAPITAL GAIN DISTRIBUTIONS

28% Rate Gain	0.00	20% Rate Gain	41.34
Unrecap. Sec. 1250 Gain	5.44	Section 1202 Gain	0.00

* Excludes Transactions For Which We Have Insufficient Data

ur 1999 Annual Statement Summary information is a personal summary of your account activity provided exclusively for our select clients Data from Forms 1099, the definitive information for tax rposes, is repeated in this summary for your convenience. The gain (loss) calculations and tax-exempt income data are provided to facilitate your review and are not reported to the IRS. The gain ss) information may not include return of capital, sales load deferral or wash sales adjustments, or transactions that settled after December 31, 1999. In calculating gain (loss), unless otherwise ted, it was assumed that the oldest position was liquidated first, and that an election was in effect to amortize the premium paid on the purchase of taxable bonds. The cost basis for most Original ue Discount ("OID") obligations includes the accretion of OID. Note the accrued OID shown in this section may differ from the Form 1099-OID section of the Tax Reporting statement. Securities tributed from a retirement account reflect cost basis rather than tax basis. Other methods for calculating gain (loss) are available Please consult your tax advisor for more information.

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ROBERT N CLEMENT C/F

1999 CAPITAL GAIN AND LOSS TRANSACTIONS

SHORT TERM CAPITAL GAINS

Quantity	Security Description	Date of Acquisition or Cover of Short	Date of Liquidation or Short Sale	Sales Price	Cost Basis	Gain or (Loss)
500	GLOBAL MARINE INC NEW	01/27/99	12/16/99	7,288.86	4,628.41	2,660.45
31	COHEN & STEERS REALTY	02/26/99	09/07/99	25.74	25.51	.23
33	COHEN & STEERS REALTY	03/26/99	09/07/99	27.40	26.16	1.24
33	COHEN & STEERS REALTY	08/26/99	09/07/99	27.41	27.32	.09
187	MASS INVSTS GR STK CL C	02/03/99	06/16/99	3,048.09	2,986.13	61.96
10	MASS INVSTS GR STK CL C	02/08/99	06/16/99	162.99	155.09	7.90
1	MASS INVSTS GR STK CL C	02/11/99	06/16/99	16.30	15.51	.79
10	MASS INVSTS GR STK CL C	03/08/99	06/16/99	163.00	158.39	4.61
1	MASS INVSTS GR STK CL C	03/11/99	06/16/99	16.30	15.84	.46
10	MASS INVSTS GR STK CL C	05/10/99	06/16/99	163.00	158.79	4.21
10	MASS INVSTS GR STK CL C	06/07/99	06/16/99	163.01	161.60	1.41
211	MFS CAP OPP FO CL C	06/16/99	08/26/99	3,904.65	3,899.27	5.38
9	MFS CAP OPP FD CL C	08/09/99	08/26/99	166.56	161.90	4.66
8	MFS CAP OPP FD CL C	10/11/99	12/16/99	163.39	151.99	11.40
			SUBTOTAL	15,336.70	12,571.91	2,764.79

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ROBERT N CLEMENT C/F

1999 CAPITAL GAIN AND LOSS TRANSACTIONS

SHORT TERM CAPITAL LOSSES

Quantity	Security Description	Date of Acquisition or Cover of Short	Date of Liquidation or Short Sale	Sales Price	Cost Basis	Gain or (Loss)
100	CENTRAL PARKING CORP	03/18/99	12/27/99	1,937.33	3,468.85	(1,531.52)
5655	COHEN & STEERS REALTY	02/03/99	09/07/99	4,696.19	4,917.41	(221.22)
30	COHEN & STEERS REALTY	04/27/99	09/07/99	24.91	26.51	(1.60)
29	COHEN & STEERS REALTY	05/26/99	09/07/99	24.08	26.62	(2.54)
30	COHEN & STEERS REALTY	06/28/99	09/07/99	24.91	26.32	(1.41)
132	COHEN & STEERS REALTY	07/27/99	09/07/99	109.64	111.07	(1.43)
10	MASS INVSTS GR STK CL C	04/12/99	06/16/99	163.00	165.50	(2.50)
8	MFS CAP OPP FD CL C	07/12/99	08/26/99	148.04	154.72	(6.68)
1	MFS CAP OPP FD CL C	07/15/99	08/26/99	18.50	19.34	(.84)
8	MFS CAP OPP FD CL C	09/13/99	10/11/99	144.99	150.88	(5.89)
476	MERCURY INTL FD CL C	02/03/99	03/26/99	4,936.12	4,998.59	(62.47)
480	MERCURY US LG CAP CL C	03/26/99	10/14/99	4,851.16	4,934.39	(83.23)
			SUBTOTAL	17,078.87	19,000.20	(1,921.33)
			NET SHORT TERM CAPITAL GAIN (LOSS) TOTAL			843.46

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

TOTAL ACCOUNT VALUE AS OF 01/29/1999 $41,065.00

RACHEL C CLEMENT C/F
ROBERT N CLEMENT UTMA/VA
UNTIL AGE 21
8202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5600

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-WCMA (1-800-637-9262)

Monthly Portfolio Summary

Asset	12/31/98 Value	%	01/29/99 Value	%
Cash/Money Funds	20,017	100	41,065	100
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities				
Mutual Funds				
Options				
Other				
Long Market Value	20,017		41,065	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	20,017		41,065	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	122.49	122.49
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends		
Income Not Reported		
Total	122.49	122.49

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 31,810 Investor Credit Line

NEWS

Enjoy the availability of 24 hour/7 days a week access to customer service, as well as account and market information. Call TOLL FREE877 2PRIORITYfor Priority Phone. See your accompanying newsletter for details.

Financial Market Indicators

	This Statement	Last Statement	Previous Year-End
Dow Jones Industrial Average	9358.83	9181.43	9181.43
Three-Month Treasury Bills	4.45%	4.45%	4.45%
Long-Term Treasury Bonds	5.09%	5.09%	5.09%

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Cash Flow Summary

Activity Summary	This Statement	Year-to-Date
Opening Balance Cash & Money Funds	20,017.74	
Net Credits & Debits	21,048.22	21,048.22
Closing Balance Cash & Money Funds	41,065.96	

Credits	This Statement	Year-to-Date
Sales		
Income	122.49	122.49
Funds Received	20,950.73	20,950.73
Other		
Total Credits	21,073.22	21,073.22

Debits	This Statement	Year-to-Date
Purchases		
Withdrawals		
Other	25.00	25.00
Total Debits	25.00	25.00

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
	Cash and Money Funds									
41.065	CMA MONEY FUND		1.00	41,065	1.00	41,065			1,880	4.58
	Total Cash/Money Funds			41,065		41,065			1,880	4.58
	Total of Long Portfolio			41,065		41,065			1,880	4.58

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Dividends and Interest			
01/29	Share Dividend	122	CMA MONEY FUND			
01/29	Cash Dividend		CMA MONEY FUND FROM 1-01 THRU 1-28			.49
	Income Total		CMA MONEY FUND SHARE DIVIDEND			122.00
			Net Total			**122.49**
			Funds Received			
01/07	Funds Received		CASHIER CHK			20,950.73
			Net Total			**20,950.73**
			Other Activity			
01/06	Annual Charge		CMA INITIAL ANNUAL FEE		25.00	
			Net Total		**25.00**	

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
12/31	Opening Balance					.74CR	20,017

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
01/06	Annual Charge		CMA INITIAL ANNUAL FEE		25.00		
01/06	Sale	-25	CMA MONEY FUND		25.00CR	.74CR	19.992
01/07	Funds Received		CASHIER CHK		20,950.73CR	20,951.47CR	19,992
01/08	Purchase	20,951	CMA MONEY FUND		20,951.00	.47CR	40,943
01/29	Share Dividend	122	CMA MONEY FUND				
01/29	Cash Dividend		CMA MONEY FUND FROM 1-01 THRU 1-28		.49CR		
01/29	**Closing Balance**				**.96CR**	**.96CR**	**41,065**

Customer Service

For information about your account, please call 1-800-MER-LINK (1-800-637-5465). To report Lost or Stolen Visa Cards or Checks, please call 1-800-262-5676. When requested, enter your Access Code 92-576-39244.

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MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA® ACCOUNT

TOTAL ACCOUNT VALUE AS OF 02/26/1999 $38,789.00

RACHEL C CLEMENT C/F
ROBERT N CLEMENT UTMA/VA
UNTIL AGE 21
8202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5600

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-WCMA (1-800-637-9262)

Monthly Portfolio Summary

Asset	01/29/99 Value	%	02/26/99 Value	%
Cash/Money Funds	41,065	100	7,231	19
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities				
Mutual Funds			18,874	49
Options			12,684	33
Other				
Long Market Value	41,065		38,789	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	41,065		38,789	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	78.07	200.56
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends	26.13	26.13
Income Not Reported		
Total	104.20	226.69

Items for Attention

Security	Message	Date
APPLIED MATERIAL INC	Opinion Upgraded	

Purchasing Power 7,231 Investor Credit Line

NEWS

Mercury Asset Management will soon offer U.S. investors separate portfolio management with a London-based strategy. Initially, you will be able to retain Mercury's U.S. affiliate for separate account management with a U.S. large-cap equity investment objective. See newsletter for details.

Financial Market Indicators

	This Statement	Last Statement	Previous Year-End
Dow Jones Industrial Average	9306.58	9358.83	9181.43
Three-Month Treasury Bills	4.66%	4.45%	4.45%
Long-Term Treasury Bonds	5.57%	5.09%	5.09%

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Cash Flow Summary

Activity Summary	This Statement	Year-to-Date	Credits	This Statement	Year-to-Date	Debits	This Stetement	Year-to-Date
Opening Balance Cash & Money Funds	41,065.96		Sales			Purchases	33,912.97	33,912.97
			Income	104.20	226.69	Withdrawals		
			Funds Received		20,950.73	Other	26.13	51.13
			Other					
Net Credits & Debits	33,834.90DR	12,786.68DR						
Closing Balance Cash & Money Funds	7,231.06		Total Credits	104.20	21,177.42	Total Debits	33,939.10	33,964.10

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
	Cash and Money Funds									
	CASH			1		1				
7,230	CMA MONEY FUND		1.00	7,230	1.00	7,230			325	4.50
	Total Cash/Money Funds			7,231		7,231			325	4.50

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Curren Yield %
	Equities										
100	↑ APPLIED MATERIAL INC	AMAT		02/10/99	64.22	6,422	55.62	5,562	(859)		
1,000	** GLOBAL MARINE INC NEW	GLM		01/27/99	9.25	9,256	7.81	7,812	(1,444)		
1,000	** LCC INTERNATIONAL INC	LCCI		02/17/99	5.06	5,068	5.50	5,500	432		
	Total Equities					20,747		18,874	(1,871)		
	Mutual Funds and Defined Asset Funds										
	Mutual Funds - Equity										
5,655	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS			02/03/99	.88	4,999	.83	4,693	(305)	310	6.6
31	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS (.2011 FRACTIONAL SHARE)			02/26/99	.83	25	.83	25		1	6.6
5,686	Security Sub-Total			N/A	N/A	N/A	.83		N/A		6.6
						5,025		4,719	(305)	312	6.6
198	MASS INVESTORS GRDWTH STOCK FUND CLASS C (.5730 FRACTIONAL SHARE)			02/03/99	15.94	3,156	15.46	3,061	(94)		
				N/A	N/A	N/A	15.46	8	N/A		
	Total Client Investment			$3,141							
	Investment Return			($80)							

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Curren Yield %
	Mutual Funds and Defined Asset Funds										
Mutual Funds - Equity											
476	MERCURY INTL FD CL C			02/03/99	10.50	4,998	10.28	4,893	(104)		
	(.1340 FRACTIONAL SHARE)			N/A	N/A	N/A	10.28	1	N/A		
	Total Client Investment			$4,998							
	Investment Return			($105)							
	Total Mutual Funds - Equity					13,180		12,684	(503)	312	2.4
	Total Mutual Funds					13,180		12,684	(503)	312	2.4
	Total of Long Portfolio					41,159*		38,789	(2,374)*	637	1.6

DATE ACQUIRED: Date of your initial investment in this fund.
UNIT COST BASIS: Average cost basis for all shares owned
UNREALIZED GAIN or (LOSS): Total market value minus total cost basis

TOTAL CLIENT INVESTMENT: Cost of shares directly purchased (excluding shares purchased through reinvestment)
INVESTMENT RETURN: Value of reinvested shares plus capital appreciation(depreciation) of all shares purchased, including through reinvestment.

* - Excludes N/A Items

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Security Transactions			
02/01	Purchase	1,000	GLOBAL MARINE INC NEW	9.000	9,256.83	
02/08	Purchase	5,655	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS PROSPECTUS ENCLOSED PRICE .884040	.884	4,999.25	
02/08	Purchase	187	MASS INVESTORS GROWTH STOCK FUND CLASS C FRAC SHR QUANTITY .870 PROSPECTUS ENCLOSED PRICE 15.940000	15.940	3,000.00	
02/08	Purchase	476	MERCURY INTL FD CL C FRAC SHR QUANTITY .134 PROSPECTUS ENCLOSED PRICE 10.49	10.490	5,000.00	
02/11	Purchase	10	MASS INVESTORS GROWTH STOCK FUND CLASS C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .703 AUTO INVESTMENT PROGRAM PRICE 15.510000	15.510	166.00	
02/11	Journal Entry	1	MASS INVESTORS GROWTH STOCK FUND CLASS C FULL SHARE ACCUM SHARE VALUE $15.51			
02/16	Purchase	100	APPLIED MATERIAL INC	63.125	6,422.85	
02/22	Purchase	1,000	LCC INTERNATIONAL INC PRICE 4.875000	4.875	5,068.04	

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Security Transactions			
02/26	Divd Reinv	31	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS QUANTITY BOT 31.2011 N. A. V. $.83747 ACCRUED INT $.00000			
			Net Total		33,912.97	
			Dividends and Interest			
02/25	* Dividend		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS HOLDING 5655.0000			26.13
02/26	Share Dividend	78	CMA MONEY FUND			
02/26	Cash Dividend		CMA MONEY FUND FROM 1-29 THRU 2-25			.07
	Income Total		CMA MONEY FUND SHARE DIVIDEND			78.00
			Net Total			104.20
			Other Activity			
02/25	Reinvestment		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS		26.13	
			Net Total		26.13	

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Standing Instructions			
	ORDER TO BUY	MONTHLY	MASS INVSTS GR STK CL C	166.00		

Tax Information Summary

	This Statement	Year-to-Date
Accrued Interest Paid		
Tax-Exempt		
Reportable	10.70	10.70
Accrued Interest Received		
Tax-Exempt		
Reportable		
Gross Proceeds		

Although we provide complete year-to-date information for Reportable Accrued Interest Received, Accrued Interest Paid and Tax-Exempt Accrued Interest Received and Paid include only those months we produce your profit and loss statement.

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
01/29	Opening Balance					.96CR	41,065

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
02/01	Purchase	1,000	GLOBAL MARINE INC NEW	9.000	9,256.83		
02/01	Sale	-9.256	CMA MONEY FUND		9,256.00CR	.13CR	31,809
02/08	Purchase	5.655	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS PROSPECTUS ENCLOSED PRICE .884040	.884	4,999.25		
02/08	Purchase	187	MASS INVESTORS GROWTH STOCK FUND CLASS C FRAC SHR QUANTITY .870 PROSPECTUS ENCLOSED PRICE 15.940000	15.940	3,000.00		
02/08	Purchase	476	MERCURY INTL FD CL C FRAC SHR QUANTITY .134 PROSPECTUS ENCLOSED PRICE 10.49	10.490	5,000.00		
02/08	Sale	-13,000	CMA MONEY FUND		13,000.00CR	.88CR	18,809
02/11	Purchase	10	MASS INVESTORS GROWTH STOCK FUND CLASS C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .703 AUTO INVESTMENT PROGRAM PRICE 15.510000	15.510	166.00		
02/11	Journal Entry	1	MASS INVESTORS GROWTH STOCK FUND CLASS C FULL SHARE ACCUM SHARE VALUE $15.51				
02/11	Sale	-166	CMA MONEY FUND		166.00CR	.88CR	18.643
02/16	Purchase	100	APPLIED MATERIAL INC	63.125	6,422.85		
02/16	Sale	-6,422	CMA MONEY FUND		6,422.00CR	.03CR	12,221
02/22	Purchase	1,000	LCC INTERNATIONAL INC PRICE 4.875000	4.875	5,068.04		
02/22	Sale	-5,069	CMA MONEY FUND		5,069.00CR	.99CR	7,152

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
02/25	* Dividend		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS HOLDING 5655.0000		26.13CR		
02/25	Reinvestment		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS		26.13	.99CR	7,152
02/26	Divd Reinv	31	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS QUANTITY BOT 31.2011 N. A. V. $.83747 ACCRUED INT $.00000				
02/26	Share Dividend	78	CMA MONEY FUND				
02/26	Cash Dividend		CMA MONEY FUND FROM 1-29 THRU 2-25		.07CR		
02/26	**Closing Balance**				**1.06CR**	**1.06CR**	**7,230**

Customer Service

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

TOTAL ACCOUNT VALUE AS OF 03/26/1999 $42,390.00

RACHEL C CLEMENT C/F
ROBERT N CLEMENT UTMA/VA
UNTIL AGE 21
8202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5600

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-WCMA (1-800-637-9262)

Monthly Portfolio Summary

Asset	02/26/99 Value	%	03/26/99 Value	%
Cash/Money Funds	7,231	19	3,619	9
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities	18,874	49	25,967	61
Mutual Funds	12,684	33	12,803	30
Options				
Other				
Long Market Value	38,789		42,390	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	38,789		42,390	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	23.46	224.02
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends	26.61	52.74
Income Not Reported		
Total	50.07	276.76

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 3,619 Investor Credit Line

NEWS

Does your financial plan dictate a need for growth? Are you concerned about stock volatility? If so, you may want to consider including Protected Growth assets as part of your investment strategy. See newsletter for details.

Financial Market Indicators

	This Statement	Last Statement	Previous Year-End
Dow Jones Industrial Average	9822.24	9306.58	9181.43
Three-Month Treasury Bills	4.47%	4.66%	4.45%
Long-Term Treasury Bonds	5.59%	5.57%	5.09%

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Cash Flow Summary

Activity Summary	This Statement	Year-to-Date
Opening Balance Cash & Money Funds	7,231.06	
Net Credits & Debits	3,611.39DR	16,398.07DR
Closing Balance Cash & Money Funds	3,619.67	

Credits	This Statement	Year-to-Date
Sales	4,937.51	4,937.51
Income	50.07	276.76
Funds Received		20,950.73
Other		
Total Credits	4,987.58	26,165.00

Debits	This Statement	Year-to-Date
Purchases	8,572.36	42,485.33
Withdrawals		
Other	26.61	77.74
Total Debits	8,598.97	42,563.07

Realized Capital Gain and Loss Summary*

	This Month	Year-to-Date
Short-Term	(62.47)	(62.47)
Mid-Term	.00	.00
Long-Term	.00	.00

*-Excludes transactions for which we have insufficient data.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Realized Monthly Capital Gains and Losses

Quantity	Security Description	Date of Acquisition	Date of Liquidation	Sales Price	Cost Basis	Gain or (Loss)	
476	MERCURY INTL FD CL C	02/03/99	03/26/99	4,936.12	4,998.59	(62.47)	ST

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
	Cash and Money Funds									
3,619	CMA MONEY FUND		1.00	3,619	1.00	3,619			160	4.43

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Current Portfolio

Quantity		Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Curre Yield %
		Equities										
100	**	APPLIED MATERIAL INC	AMAT		02/10/99	64.22	6,422	57.81	5,781	(640)		
100		CENTRAL PARKING CORP	CPC		03/18/99	34.68	3,468	34.37	3,437	(30)	6	.1
1,000	**	GLOBAL MARINE INC NEW	GLM		01/27/99	9.25	9,256	11.93	11,937	2,681		
1,000	**	LCC INTERNATIONAL INC	LCCI		02/17/99	5.06	5,068	4.81	4,812	(256)		
		Total Equities					24,216		25,967	1,755	6	.0
		Mutual Funds and Defined Asset Funds										
Mutual Funds - Equity												
5,655		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS			02/03/99	.88	4,999	.80	4,524	(475)	310	6.8
31		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS			02/26/99	.83	25	.80	24		1	6.8
33		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS			03/26/99	.80	26	.80	26		1	6.8
		(.1636 FRACTIONAL SHARE)			N/A	N/A	N/A	.80		N/A		6.8
5,719		Security Sub-Total					5,051		4,575	(475)	313	6.8

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Curre Yield %
	Mutual Funds and Defined Asset Funds										
Mutual Funds - Equity											
209	MASS INVESTORS GROWTH STOCK FUND CLASS C (.0530 FRACTIONAL SHARE)			02/03/99	15.93	3,330	15.74	3,289	(40)		
				N/A	N/A	N/A	15.74		N/A		
	Total Client Investment			$3,299							
	Investment Return			($9)							
480	MERCURY US LARGE CAP CLASS C (.3030 FRACTIONAL SHARE)			03/26/99	10.28	4,934	10.28	4,934			
				N/A	N/A	N/A	10.28	3	N/A		
	Total Client Investment			$4,934							
	Investment Return										
	Total Mutual Funds - Equity					13,317		12,803	(515)	313	2.4
	Total Mutual Funds					13,317		12,803	(515)	313	2.4
	Total of Long Portfolio					41,152*		42,390	1,240 *	480	1.1

DATE ACQUIRED: Date of your initial investment in this fund
UNIT COST BASIS: Average cost basis for all shares owned
UNREALIZED GAIN or (LOSS): Total market value minus total cost basis

TOTAL CLIENT INVESTMENT: Cost of shares directly purchased (excluding shares purchased through reinvestment)
INVESTMENT RETURN: Value of reinvested shares plus capital appreciation(depreciation) of all shares purchased, including through reinvestment

* - Excludes N/A Items

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Security Transactions			
03/11	Purchase	10	MASS INVESTORS GROWTH STOCK FUND CLASS C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .480 PRICE 15.840000	15.840	166.00	
03/11	Journal Entry	1	MASS INVESTORS GROWTH STOCK FUND CLASS C FULL SHARE ACCUM SHARE VALUE $15.84			
03/23	Purchase	100	CENTRAL PARKING CORP	34.125	3,468.85	
03/26	Divd Reinv	33	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS QUANTITY BOT 32.9625 N. A. V. $.80728 ACCRUED INT $.00000			
03/26	• Sale	-476	MERCURY INTL FD CL C EXCHANGE SELL FRAC SHR QUANTITY .134 CASH TRADE PRICE 10.37	10.370		4,937.51
03/26	Purchase	480	MERCURY US LARGE CAP CLASS C EXCHANGE BUY FRAC SHR QUANTITY .303 PROSPECTUS ENCLOSED CASH TRADE PRICE 10.28	10.280	4,937.51	
			Net Total		3,634.85	

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Dividends and Interest			
03/25	* Dividend		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS HOLDING 5686.0000			26.61
03/26	Share Dividend	23	CMA MONEY FUND			
03/26	Cash Dividend		CMA MONEY FUND FROM 2-26 THRU 3-25			.46
	Income Total		CMA MONEY FUND SHARE DIVIDEND			23.00
			Net Total			**50.07**
			Other Activity			
03/25	Reinvestment		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS		26.61	
			Net Total		**26.61**	
			Standing Instructions			
	ORDER TO BUY	MONTHLY	MASS INVSTS GR STK CL C	166.00		

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Tax Information Summary

	This Statement	Year-to-Date
Accrued Interest Paid		
Tax-Exempt		
Reportable		10.70
Accrued Interest Received		
Tax-Exempt		
Reportable		
Gross Proceeds	4,937.51	4,937.51

Although we provide complete year-to-date information for Reportable Accrued Interest Received, Accrued Interest Paid and Tax-Exempt Accrued Interest Received and Paid include only those months we produce your profit and loss statement.

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
02/26	**Opening Balance**					1.06CR	7,230
03/01	Purchase	1	CMA MONEY FUND		1.00	.06CR	7,231
03/11	Purchase	10	MASS INVESTORS GROWTH STOCK FUND CLASS C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .480 PRICE 15.840000	15.840	166.00		
03/11	Journal Entry	1	MASS INVESTORS GROWTH STOCK FUND CLASS C FULL SHARE ACCUM SHARE VALUE $15.84				
03/11	Sale	-166	CMA MONEY FUND		166.00CR	.06CR	7,065

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
03/23	Purchase	100	CENTRAL PARKING CORP	34.125	3,468.85		
03/23	Sale	-3,469	CMA MONEY FUND		3,469.00CR	.21CR	3,596
03/25	• Dividend		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS HOLDING 5686.0000		26.61CR		
03/25	Reinvestment		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS		26.61		
03/26	Divd Reinv	33	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS QUANTITY BOT 32.9625 N. A. V. $.80728 ACCRUED INT $.00000			.21CR	3,596
03/26	• Sale	-476	MERCURY INTL FD CL C EXCHANGE SELL FRAC SHR QUANTITY .134 CASH TRADE PRICE 10.37	10.370	4,937.51CR		
03/26	Purchase	480	MERCURY US LARGE CAP CLASS C EXCHANGE BUY FRAC SHR QUANTITY .303 PROSPECTUS ENCLOSED CASH TRADE PRICE 10.28	10.280	4,937.51		
03/26	Share Dividend	23	CMA MONEY FUND				
03/26	Cash Dividend		CMA MONEY FUND FROM 2-26 THRU 3-25		.46CR		
03/26	**Closing Balance**				.67CR	.67CR	3,619

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

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MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA® ACCOUNT

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TOTAL ACCOUNT VALUE AS OF 10/29/1999 $52,316.00

RACHEL C CLEMENT C/F
ROBERT N CLEMENT UTMA/VA
UNTIL AGE 21
8202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5600

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-LINK

Monthly Portfolio Summary

Asset	09/24/99 Value	%	10/29/99 Value	%
Cash/Money Funds	336	1	246	*
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities	38,980	79	46,414	89
Mutual Funds	10,027	20	5,655	11
Options				
Other				
*-Less than 1 %				
Long Market Value	49,344		52,316	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	49,344		52,316	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	1.53	292.50
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends	1.50	192.58
Income Not Reported		
Total	3.03	485.08

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 246 **Investor Credit Line**

NEWS

November 30th may be more important than April 15th! The tax planning process begins today. Merrill Lynch has outlined five strategies which may help your after-tax portfolio performance. To order "Harvesting Your Equity Portfolio for Tax Efficiency," call (800) MERRILL Ext. 4553 or your Financial Consultant.

Financial Market Indicators

	This Statement	Last Statement	Previous Year-End
Dow Jones Industrial Average	10731.76	10336.95	9181.43
Three-Month Treasury Bills	5.08%	4.84%	4.45%
Long-Term Treasury Bonds	6.16%	6.05%	5.09%

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Page	Statement Period	Account No.
5 OF 20	09/25/99 TO 10/29/99	

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MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA® ACCOUNT

RACHEL C CLEMENT C/F

Cash Flow Summary

Activity Summary	This Statement	Year-to-Date	Credits	This Statement	Year-to-Date	Debits	This Statement	Year-to-Da
Opening Balance Cash & Money Funds	336.58		Sales	5,014.49	23,065.41	Purchases	5,107.96	64,059.
			Income	3.03	485.08	Withdrawals		
			Funds Received		20,950.73	Other		297
			Other		84.05			
Net Credits & Debits	90.440R	19,771.600R						
Closing Balance Cash & Money Funds	246.14		Total Credits	5,017.52	44,585.27	Total Debits	5,107.96	64,356.

Realized Capital Gain and Loss Summary*

	This Month	Year-to-Date
Short-Term	(89.12)	(296.87)
Long-Term	.00	.00

*-Excludes transactions for which we have insufficient data.

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MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA® ACCOUNT

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RACHEL C CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Curr Yic %
	Total Mutual Funds - Equity					5,133		5,655	488		
	Total Mutual Funds					5,133		5,655	488		
	Total of Long Portfolio					41,099*		52,316	11,188 *	18	

DATE ACQUIRED: Date of your initial investment in this fund.
UNIT COST BASIS: Average cost basis for all shares owned
UNREALIZED GAIN or (LOSS): Total market value minus total cost basis

TOTAL CLIENT INVESTMENT: Cost of shares directly purchased (excluding shares purchased through reinvestment)
INVESTMENT RETURN: Value of reinvested shares plus capital appreciation(depreciation) of all shares purchased, including through reinvestment.

* - Excludes N/A Items

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Security Transactions			
10/14	• Sale	-8	MFS CAP OPP FO CL C FRAC SHR QUANTITY .802 DEFERRED SALES CHARGE AP PRICE 19.000000	19.000		160.23
10/14	Purchase	8	MFS CAP OPP FO CL C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .737 PRICE 19.000000	19.000	166.00	
10/19	Purchase	135	GLOBAL CROSSING LTD PRICE 36 3/ 16	36.187	4,941.96	

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MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA® ACCOUNT

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RACHEL C CLEMENT C/F

Monthly Activity

Date		Transaction	Quantity	Description	Price	Debit	Credit
				Security Transactions			
10/19	*	Sale	-480	MERCURY US LARGE CAP CLASS C FRAC SHR QUANTITY .303 DEFERRED SALES CHARGE AP PRICE 10.22	10.220		4,854.26
				Net Total		93.47	
				Dividends and Interest			
10/14	*	Dividend		CENTRAL PARKING CORP HOLDING 100.0000			1.50
10/29		Share Dividend	1	CMA MONEY FUND			
10/29		Cash Dividend		CMA MONEY FUND FROM 9-24 THRU 10-28			.53
		Income Total		CMA MONEY FUND			1.00
				Net Total			3.03

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MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA® ACCOUNT

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RACHEL C CLEMENT C/F

Realized Monthly Capital Gains and Losses

Quantity	Security Description	Date of Acquisition	Date of Liquidation	Sales Price	Cost Basis	Gain or (Loss)	
8	MFS CAP OPP FD CL C	09/13/99	10/11/99	144.99	150.88	(5.89)	ST
480	MERCURY US LC CAP CL C	03/26/99	10/14/99	4,851.16	4,934.39	(83.23)	ST

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
	Cash and Money Funds									
	CASH			1		1				
245	CMA MONEY FUND		1.00	245	1.00	245			12	4.96
	Total Cash/Money Funds			246		246			12	4.98

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Merrill Lynch

MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA® ACCOUNT

RACHEL C CLEMENT C/F

Current Portfolio

Quantity		Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	C Y
		Equities										
100	**	APPLIED MATERIAL INC	AMAT		02/10/99	64.22	6,422	89.81	8,981	2,559		
50	**	BROADCOM CORP CALIF CL A	BRCM		09/07/99	131.23	6,561	127.81	6,390	(170)		
100	**	CENTRAL PARKING CORP	CPC		03/18/99	34.68	3,468	26.81	2,681	(786)	6	
135		GLOBAL CROSSING LTD	GBLX		10/14/99	36.60	4,941	34.62	4,674	(266)		
1,000	**	GLOBAL MARINE INC NEW	GLM		01/27/99	9.25	9,256	15.18	15,187	5,931		
1,000		LCC INTERNATIONAL INC	LCCI		02/17/99	5.06	5,068	8.50	8,500	3,432		
		Total Equities					35,720		46,414	10,700	6	
		Mutual Funds and Defined Asset Funds										
Mutual Funds - Equity												
194		DELAWARE SELECT GROWTH FUND CL C			08/26/99	25.67	4,981	28.18	5,466	485		
		(.7230 FRACTIONAL SHARE)			N/A	N/A	N/A	28.18	20	N/A		
		Total Client Investment			$4,981							
		Investment Return			$485							
8		MFS CAP OPP FD CL C			10/11/99	18.99	151	19.29	154	3		
		(.7370 FRACTIONAL SHARE)			N/A	N/A	N/A	19.29	14	N/A		
		Total Client Investment			$151							
		Investment Return			$2							

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Merrill Lynch

MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA® ACCOUNT

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RACHEL C CLEMENT C/F

Tax Information Summary

	This Statement	Year-to-Date
Accrued Interest Paid		
Tax-Exempt		
Reportable		10.70
Accrued Interest Received		
Tax-Exempt		
Reportable		
Gross Proceeds	5,014.49	23,149.11

Although we provide complete year-to-date information for Reportable Accrued Interest Received, Accrued Interest Paid and Tax-Exempt Accrued Interest Received and Paid include only those months we produce your profit and loss statement.

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
09/24	Opening Balance					.58CR	336
10/14	* Dividend		CENTRAL PARKING CORP HOLDING 100.0000		1.50CR		
10/14	* Sale	-8	MFS CAP OPP FD CL C FRAC SHR QUANTITY .802 DEFERRED SALES CHARGE AP PRICE 19.000000	19.000	160.23CR		
10/14	Purchase	8	MFS CAP OPP FD CL C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .737 PRICE 19.000000	19.000	166.00		
10/14	Sale	-6	CMA MONEY FUND		6.00CR	2.31CR	330

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Merrill Lynch

MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA® ACCOUNT

RACHEL C CLEMENT C/F

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
					2.00	.31CR	332
10/15	Purchase	2	CMA MONEY FUND				
10/19	Purchase	135	GLOBAL CROSSING LTD PRICE 36 3/ 16	36.187	4,941.96		
10/19	• Sale	-480	MERCURY US LARGE CAP CLASS C FRAC SHR QUANTITY .303 DEFERRED SALES CHARGE AP PRICE 10.22	10.220	4,854.26CR		
10/19	Sale	-88	CMA MONEY FUND		88.00CR	.61CR	244
10/29	Share Dividend	1	CMA MONEY FUND		.53CR		
10/29	Cash Dividend		CMA MONEY FUND FROM 9-24 THRU 10-28				
10/29	**Closing Balance**				1.14CR	1.14CR	245

Customer Service

For information about your account, please call 1-800-MER-LINK (1-800-637-5465). To report Lost or Stolen Visa Cards or Checks, please call 1-800-262-5678. When requested, enter your Access Code 92-576-39244.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

TOTAL ACCOUNT VALUE AS OF 04/30/1999 $45,093.00

RACHEL C CLEMENT C/F
ROBERT N CLEMENT UTMA/VA
UNTIL AGE 21
8202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5600

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-WCMA (1-800-637-9262)

Monthly Portfolio Summary

Asset	03/26/99 Value	%	04/30/99 Value	%
Cash/Money Funds	3,619	9	3,470	8
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities	25,967	61	28,031	62
Mutual Funds	12,803	30	13,592	30
Options				
Other				
Long Market Value	42,390		45,093	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	42,390		45,093	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	15.06	239.08
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends	28.44	81.18
Income Not Reported		
Total	43.50	320.26

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 3,470 Investor Credit Line

NEWS

Merrill Lynch's CMA Visa Signature Program, with its array of travel and reward features, can help safeguard your travel plans. The enclosed newsletter tells how clients have benefited from the CMA Signature Program's medical evacuation coverage.

Financial Market Indicators

	This Statement	Last Statement	Previ Year-t
Dow Jones Industrial Average	10789.04	9786.16	9181
Three-Month Treasury Bills	4.53%	4.47%	4
Long-Term Treasury Bonds	5.65%	5.62%	5

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PLICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL
SERVICE

RACHEL C CLEMENT C/F

Cash Flow Summary

Activity Summary	This Statement	Year-to-Date	Credits	This Statement	Year-to-Date	Debits	This Statement	Year-to
Opening Balance Cash & Money Funds	3,619.67		Sales		4,937.51	Purchases	166.00	42.6
			Income	43.50	320.26	Withdrawals		
			Funds Received		20,950.73	Other	26.94	1
			Other					
Net Credits & Debits	149.44DR	16,547.51DR						
Closing Balance Cash & Money Funds	3,470.23		Total Credits	43.50	26,208.50	Total Debits	192.94	42

Realized Capital Gain and Loss Summary*

	This Month	Year-to-Date
Short-Term	.00	(62.47)
Mid-Term	.00	.00
Long-Term	.00	.00

*-Excludes transactions for which we have insufficient data.

PLICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Cu Yi
	Cash and Money Funds									
3,470	CMA MONEY FUND		1.00	3,470	1.00	3,470			153	4

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income
	Equities									
100	** APPLIED MATERIAL INC	AMAT		02/10/99	64.22	6,422	53.62	5,362	(1,059)	
100	CENTRAL PARKING CORP	CPC		03/18/99	34.68	3,468	31.68	3,168	(299)	6
1,000	** GLOBAL MARINE INC NEW	GLM		01/27/99	9.25	9,256	14.87	14,875	5,619	
1,000	LCC INTERNATIONAL INC	LCC1		02/17/99	5.06	5,068	4.62	4,625	(443)	
	Total Equities					24,216		28,031	3,818	6

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PLICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income
	Mutual Funds and Defined Asset Funds									
Mutual Funds - Equity										
5,655	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS			02/03/99	.88	4,999	.90	5,089	90	314
31	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS			02/26/99	.83	25	.90	27	2	1
33	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS			03/26/99	.80	26	.90	29	3	1
30	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS			04/27/99	.89	26	.90	27	1	1
	(.1532 FRACTIONAL SHARE)			N/A	N/A	N/A	.90		N/A	
5,749	Security Sub-Total					5,078		5,174	96	320
219	MASS INVESTORS GROWTH STOCK FUND CLASS C			02/03/99	15.96	3,496	15.91	3,484	(10)	
	(.0830 FRACTIONAL SHARE)			N/A	N/A	N/A	15.91	1	N/A	
	Total Client Investment			$3,465						
	Investment Return			$19						
480	MERCURY US LARGE CAP CLASS C			03/26/99	10.28	4,934	10.27	4,929	(4)	
	(.3030 FRACTIONAL SHARE)			N/A	N/A	N/A	10.27	3	N/A	
	Total Client Investment			$4,934						
	Investment Return			($4)						

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income
	Total Mutual Funds - Equity					13,509		13,592	82	320
	Total Mutual Funds					13,509		13,592	82	320
	Total of Long Portfolio					41,196*		45,093	3,900 *	479

DATE ACQUIRED: Date of your initial investment in this fund.
UNIT COST BASIS: Average cost basis for all shares owned
UNREALIZED GAIN or (LOSS): Total market value minus total cost basis

TOTAL CLIENT INVESTMENT: Cost of shares directly purchased (excluding shares purchased through reinvestment)
INVESTMENT RETURN: Value of reinvested shares plus capital appreciation(depreciation of all shares purchased, including through reinvestment.

* - Excludes N/A Items

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Security Transactions			
04/15	Purchase	10	MASS INVESTORS GROWTH STOCK FUND CLASS C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .030 PRICE 16.550000	16.550	166.00	
04/27	Divd Reinv	30	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS QUANTITY BOT 29.9896 N. A. V. $.89831 ACCRUED INT $.00000			
			Net Total		166.00	

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 Statement Period 03/27/99 TO 04/30/99 Account No 022010

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL
SERVICE

RACHEL C CLEMENT C/F

Monthly Activity

Date		Transaction	Quantity	Description	Price	Debit	Credit
				Dividends and Interest			
04/14	*	Dividend		CENTRAL PARKING CORP HOLDING 100.0000			1.50
04/26	*	Dividend		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS HOLDING 5719.0000			26.94
04/30		Share Dividend	15	CMA MONEY FUND			
04/30		Cash Dividend		CMA MONEY FUND FROM 3-26 THRU 4-29			06
		Income Total		CMA MONEY FUND SHARE DIVIDEND			15.00
				Net Total			**43.50**
				Other Activity			
04/26		Reinvestment		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS		26.94	
				Net Total		**26.94**	
				Standing Instructions			
		ORDER TO BUY	MONTHLY	MASS INVSTS GR STK CL C	166.00		

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PLICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Tax Information Summary

	This Statement	Year-to-Date
Accrued Interest Paid		
Tax-Exempt		
Reportable		10.70
Accrued Interest Received		
Tax-Exempt		
Reportable		
Gross Proceeds		4,937.51

Although we provide complete year-to-date information for Reportable Accrued Interest Received, Accrued Interest Paid and Tax-Exempt Accrued Interest Received and Paid include only those months we produce your profit and loss statement.

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
03/26	Opening Balance					.67CR	3,619
04/14	* Dividend		CENTRAL PARKING CORP HOLDING 100.0000		1.50CR	2.17CR	3,619
04/15	Purchase	10	MASS INVESTORS GROWTH STOCK FUND CLASS C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .030 PRICE 16.550000	16.550	166.00		
04/15	Sale	-164	CMA MONEY FUND		164.00CR	.17CR	3,455

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL
SERVICE

RACHEL C CLEMENT C/F

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
04/26	* Dividend		CDHEN & STEERS REALTY MAJDRS PORTFOLIO DEFINED ASSET FUNDS HOLDING 5719.0000		26.94CR		
04/26	Reinvestment		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS		26.94	.17CR	3,45[illegible]
04/27	Divd Reinv	30	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS QUANTITY BOT 29.9896 N. A. V. $.89831 ACCRUED INT $.00000			.17CR	3,45[illegible]
04/30	Share Dividend	15	CMA MONEY FUND		.06CR		
04/30	Cash Dividend		CMA MONEY FUND FROM 3-26 THRU 4-29		.23CR	.23CR	3,470
04/30	Closing Balance						

Customer Service

For information about your account, please call 1-800-MER-LINK (1-800-637-5465). To report Lost or Stolen Visa Cards or Checks, please call 1-800-262-5678. When requested, enter your Access Code 92-576-39244

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MASTER FINANCIAL
SERVICE

MERRILL LYNCH CMA® ACCOUNT

TOTAL ACCOUNT VALUE AS OF 05/28/1999 $44,539.00

RACHEL C CLEMENT C/F
ROBERT N CLEMENT UTMA/VA
UNTIL AGE 21
8202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5600

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-LINK

Monthly Portfolio Summary

Asset	04/30/99 Value	%	05/28/99 Value	%
Cash/Money Funds	3,470	8	3,315	7
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities	28,031	62	27,562	62
Mutual Funds	13,592	30	13,662	31
Options				
Other				
Long Market Value	45,093		44,539	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	45,093		44,539	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	11.47	250.55
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends	27.02	108.20
Income Not Reported		
Total	38.49	358.75

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 3,315 Investor Credit Line

NEWS

The industry-wide testing of year 2000 computer preparedness, detailed in last month's newsletters, was completed with virtually no interruptions from Y2K bugs. Merrill Lynch joined some 400 participants in these tests coordinated by the Securities Industry Association and designed to help make the millennium transition a non-event for investors.

Financial Market Indicators

	This Statement	Last Statement	Previo Year-E
Dow Jones Industrial Average	10559.74	10789.04	9181
Three-Month Treasury Bills	4.62%	4.53%	4
Long-Term Treasury Bonds	5.82%	5.65%	5

PLICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Cash Flow Summary

Activity Summary	This Statement	Year-to-Date
Opening Balance Cash & Money Funds	3,470.23	
Net Credits & Debits	154.52DR	16,702.03DR
Closing Balance Cash & Money Funds	3,315.71	

Credits	This Statement	Year-to-Date
Sales		4,937.51
Income	38.49	358.75
Funds Received		20,950.73
Other		
Total Credits	38.49	26,246.99

Debits	This Statement	Year-to
Purchases	165.99	42.
Withdrawals		
Other	27.02	1
Total Debits	193.01	42.9

Realized Capital Gain and Loss Summary*

	This Month	Year-to-Date
Short-Term	.00	(62.47)
Long-Term	.00	.00

*-Excludes transactions for which we have insufficient data

PLICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Curr Yiel %
	Cash and Money Funds									
3,315	CMA MONEY FUND		1.00	3,315	1.00	3,315			146	4.41

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	C
	Equities										
100	** APPLIED MATERIAL INC	AMAT		02/10/99	64.22	6,422	55.00	5,500	(922)		
100	CENTRAL PARKING CORP	CPC		03/18/99	34.68	3,468	32.50	3,250	(218)		6
1,000	** GLOBAL MARINE INC NEW	GLM		01/27/99	9.25	9,256	14.06	14,062	4,806		
1,000	LCC INTERNATIONAL INC	LCCI		02/17/99	5.06	5,068	4.75	4,750	(318)		
	Total Equities					24,216		27,562	3,348		6

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PLICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL
SERVICE

RACHEL C CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income
	Mutual Funds and Defined Asset Funds									
Mutual Funds - Equity										
5.655	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS			02/03/99	.88	4.999	.92	5.202	203	314
31	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS			02/26/99	.83	25	.92	28	3	1
33	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS			03/26/99	80	26	.92	30	4	1
30	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS			04/27/99	.89	26	.92	27	1	1
29	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS			05/26/99	.93	27	.92	26		1
	(.1247 FRACTIONAL SHARE)			N/A	N/A	N/A	.92		N/A	
5.778	Security Sub-Total					5.105		5.315	211	321
229	MASS INVESTORS GROWTH STOCK FUND CLASS C			02/03/99	15.96	3.655	15.69	3.593	(60)	
	(.5360 FRACTIONAL SHARE)			N/A	N/A	N/A	15.69	8	N/A	
	Total Client Investment			$3,623						
	Investment Return			($30)						
480	MERCURY US LARGE CAP CLASS C			03/26/99	10.28	4.934	9.88	4.742	(191)	

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PLICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	C
	Mutual Funds and Defined Asset Funds										
Mutual Funds - Equity											
	(.3030 FRACTIONAL SHARE)			N/A	N/A	N/A	9.88	2	N/A		
	Total Client Investment			$4,934							
	Investment Return			($191)							
	Total Mutual Funds - Equity					13,695		13,662	(40)	321	
	Total Mutual Funds					13,695		13,662	(40)	321	
	Total of Long Portfolio					41,227*		44,539	3,308 *	474	

DATE ACQUIRED: Date of your initial investment in this fund.
UNIT COST BASIS: Average cost basis for all shares owned
UNREALIZED GAIN or (LOSS): Total market value minus total cost basis

TOTAL CLIENT INVESTMENT: Cost of shares directly purchased (excluding shares purchased through reinvestment)
INVESTMENT RETURN: Value of reinvested shares plus capital appreciation(depreciation) of all shares purchased, including through reinvestment

* - Excludes N/A items

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PLICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Security Transactions			
05/13	Purchase	10	MASS INVESTORS GROWTH STOCK FUND CLASS C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .453 PRICE 15.880000	15.880	165.99	
05/26	Divd Reinv	29	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS QUANTITY BOT 28.9715 N. A. V. $.93264 ACCRUED INT $.00000			
			Net Total		**165.99**	
			Dividends and Interest			
05/25 *	Dividend		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS HOLDING 5749.0000			27.02
05/28	Share Dividend	11	CMA MONEY FUND			
05/28	Cash Dividend		CMA MONEY FUND FROM 4-30 THRU 5-27			47
	Income Total		CMA MONEY FUND SHARE DIVIDEND			11.00
			Net Total			**38.49**

PLICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Other Activity			
05/25	Reinvestment		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS		27.02	
			Net Total		27.02	
			Standing Instructions			
	ORDER TO BUY	MONTHLY	MASS INVSTS GR STK CL C	166.00		

Tax Information Summary

	This Statement	Year-to-Date
Accrued Interest Paid		
Tax-Exempt		
Reportable		10.70
Accrued Interest Received		
Tax-Exempt		
Reportable		
Gross Proceeds		4,937.51

Although we provide complete year-to-date information for Reportable Accrued Interest Received, Accrued Interest Paid and Tax-Exempt Accrued Interest Received and Paid include only those months we produce your profit and loss statement

PLICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
04/30	**Opening Balance**					.23CR	3,470
05/13	Purchase	10	MASS INVESTORS GROWTH STOCK FUND CLASS C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .453 PRICE 15.880000	15.880	165.99		
05/13	Sale	-166	CMA MONEY FUND		166.00CR	.24CR	3,304
05/25	* Dividend		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS HOLDING 5749.0000		27.02CR		
05/25	Reinvestment		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS		27.02	.24CR	3,304
05/26	Divd Reinv	29	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS QUANTITY BDT 28.9715 N. A. V. $.93264 ACCRUED INT $.00000			.24CR	3,304
05/28	Share Dividend	11	CMA MONEY FUND				
05/28	Cash Dividend		CMA MONEY FUND FROM 4-30 THRU 5-27		.47CR		
05/28	**Closing Balance**				.71CR	.71CR	3,315

Customer Service

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

TOTAL ACCOUNT VALUE AS OF 06/25/1999 $45,394.00

RACHEL C CLEMENT C/F
ROBERT N CLEMENT UTMA/VA
UNTIL AGE 21
8202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5600

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-LINK

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

Monthly Portfolio Summery

Asset	05/26/99 Value	%	06/25/99 Value	%
Cash/Money Funds	3,315	7	3,160	7
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities	27,562	62	28,355	62
Mutual Funds	13,662	31	13,879	31
Options				
Other				
Long Market Value	44,539		45,394	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	44,539		45,394	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	11.04	261.59
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest	27.21	135.41
Reportable Dividends		
Income Not Reported		
Total	38.25	397.00

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 3,160 Investor Credit Line

NEWS

Announcing the biggest merger in Wall Street history: Merrill Lynch & You. See the enclosed brochure to find out how we've rebuilt our strengths around your needs. Its a new approach that means when you succeed, we succeed. For more information, please talk to your Merrill Lynch Financial Consultant.

Financial Market Indicators

	This Statement	Last Statement	Previo Year-E
Dow Jones Industrial Average	10552.56	10559.74	9181
Three-Month Treasury Bills	4.78%	4.62%	4
Long-Term Treasury Bonds	6.14%	5.82%	

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Cash Flow Summary

Activity Summary	This Statement	Year-to-Date
Opening Balance Cash & Money Funds	3,315.71	
Net Credits & Debits	154.96DR	16,856.99DR
Closing Balance Cash & Money Funds	3,160.75	

Credits	This Statement	Year-to-Date
Sales	3,908.87	8,846.38
Income	38.25	397.00
Funds Received		20,950.73
Other		
Total Credits	3,947.12	30,194.11

Debits	This Statement	Year-to-[illegible]
Purchases	4,074.87	46,8[illegible]
Withdrawals		
Other	27.21	[illegible]
Total Debits	4,102.08	47,[illegible]

Realized Capital Gain and Loss Summary*

	This Month	Year-to-Date
Short-Term	78.84	16.37
Long-Term	.00	.00

*-Excludes transactions for which we have insufficient data

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Realized Monthly Capital Gains and Losses

Quantity	Security Description	Date of Acquisition	Date of Liquidation	Sales Price	Cost Basis	Gain or (Loss)
187	MASS INVSTS GR STK CL C	02/03/99	06/16/99	3,048.09	2,986 13	61.96
10	MASS INVSTS GR STK CL C	02/08/99	06/16/99	162.99	155.09	7.90
1	MASS INVSTS GR STK CL C	02/11/99	06/16/99	16.30	15.51	.79
10	MASS INVSTS GR STK CL C	03/08/99	06/16/99	163.00	158 39	4.61
1	MASS INVSTS GR STK CL C	03/11/99	06/16/99	16.30	15 84	.46
10	MASS INVSTS GR STK CL C	04/12/99	06/16/99	163.00	165.50	(2.50)
10	MASS INVSTS GR STK CL C	05/10/99	06/16/99	163.00	158.79	4.21
10	MASS INVSTS GR STK CL C	06/07/99	06/16/99	163.01	161.60	1.41

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Curre Yield %
	Cash and Money Funds									
3,160	CMA MONEY FUND		1.00	3,160	1.00	3,160			140	4 4[illegible]

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	C
	Equities										
100	** APPLIED MATERIAL INC	AMAT		02/10/99	64.22	6,422	64.81	6,481	59		
100	CENTRAL PARKING CORP	CPC		03/18/99	34.68	3,468	32.50	3,250	(218)	6	
1,000	** GLOBAL MARINE INC NEW	GLM		01/27/99	9.25	9,256	14.18	14,187	4,931		
1,000	LCC INTERNATIONAL INC	LCCI		02/17/99	5.06	5,068	4.43	4,437	(631)		
	Total Equities					24,216		28,355	4,141	6	
	Mutual Funds and Defined Asset Funds										
	Mutual Funds - Equity										
5,655	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS			02/03/99	.88	4,999	.89	5,032	33	307	
31	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS			02/26/99	.83	25	.89	27	2	1	
33	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS			03/26/99	.80	26	.89	29	3	1	
30	COHEN & STEERS REALTY MAJORS PORTFOLID DEFINED ASSET FUNDS			04/27/99	.89	26	.89	26		1	

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income
	Mutual Funds and Defined Asset Funds									
Mutual Funds - Equity										
29	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS			05/26/99	.93	27	.89	25	(1[illegible]	[illegible]
	(.1247 FRACTIONAL SHARE)			N/A	N/A	N/A	.89		N/A	
5.778	Security Sub-Total					5.105		5.142	37	313
480	MERCURY US LARGE CAP CLASS C			03/26/99	10.28	4.934	10.11	4.852	(81)	
	(.3030 FRACTIONAL SHARE)			N/A	N/A	N/A	10.11	3	N/A	
	Total Client Investment			$4.934						
	Investment Return			($81)						
211	MFS CAP OPP FD CL C			06/16/99	18.48	3.899	18.35	3.871	(27)	
	(.5190 FRACTIONAL SHARE)			N/A	N/A	N/A	18.35	9	N/A	
	Total Client Investment			$3.899						
	Investment Return			($27)						
	Total Mutual Funds - Equity					13,939		13,879	(71)	313
	Total Mutual Funds					13,939		13,879	(71)	313

DATE ACQUIRED Date of your initial investment in this fund
UNIT COST BASIS: Average cost basis for all shares owned
UNREALIZED GAIN or (LOSS) Total market value minus total cost basis

TOTAL CLIENT INVESTMENT Cost of shares directly purchased (excluding shares purchased through reinvestment)
INVESTMENT RETURN Value of reinvested shares plus capital appreciation(depreciation of all shares purchased, including through reinvestment

LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income
	Total of Long Portfolio					41,316*		45,394	4,070 *	460

* - Excludes N/A Items

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Security Transactions			
06/10	Purchase	10	MASS INVESTORS GROWTH STOCK FUND CLASS C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .272 PRICE 16.160000	16.160	166.00	
06/17	* Sale	-239	MASS INVESTORS GROWTH STOCK FUND CLASS C EXCHANGE SELL FRAC SHR QUANTITY .808 PRICE 16.300000	16.300		3,908.87
06/17	Purchase	211	MFS CAP OPP FD CL C EXCHANGE BUY FRAC SHR QUANTITY .519 PROSPECTUS ENCLOSED PRICE 18.48	18.480	3,908.87	
			Net Total		166.00	

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Dividends and Interest			
06/25	Dividend		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS HOLDING 5778.0000			27.21
06/25	Share Dividend	11	CMA MONEY FUND			.04
06/25	Cash Dividend		CMA MONEY FUND FROM 5-28 THRU 6-24			11.00
	Income Total		CMA MONEY FUND SHARE DIVIDEND			38.25
			Net Total			
			Other Activity			
06/25	Reinvestment		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS		27.21	
			Net Total		27.21	
			Standing Instructions			
	ORDER TO BUY	MONTHLY	MFS CAP OPP FD CL C	166.00		

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Tax Information Summary

	This Statement	Year-to-Date
Accrued Interest Paid		
Tax-Exempt		
Reportable		10.70
Accrued Interest Received		
Tax-Exempt		
Reportable		
Gross Proceeds	3,908.87	8,846.38

Although we provide complete year-to-date information for Reportable Accrued Interest Received, Accrued Interest Paid and Tax-Exempt Accrued Interest Received and Paid include only those months we produce your profit and loss statement.

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
05/28	Opening Balance					.71CR	3,315
06/10	Purchase	10	MASS INVESTORS GROWTH STOCK FUND CLASS C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .272 PRICE 16.160000	16.160	166.00		
06/10	Sale	-166	CMA MONEY FUND		166.00CR	.71CR	3,149
06/17	• Sale	-239	MASS INVESTORS GROWTH STOCK FUND CLASS C EXCHANGE SELL FRAC SHR QUANTITY .808 PRICE 16.300000	16.300	3,908.87CR		

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL
SERVICE

RACHEL C CLEMENT C/F

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
06/17	Purchase	211	MFS CAP OPP FD CL C EXCHANGE BUY FRAC SHR QUANTITY .519 PROSPECTUS ENCLOSED PRICE 18.48	18.480	3,908.87	.71CR	3.149
06/25	* Dividend		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS HOLDING 5778.0000		27.21CR		
06/25	Reinvestment		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS		27.21		
06/25	Share Dividend	11	CMA MONEY FUND				
06/25	Cash Dividend		CMA MONEY FUND FROM 5-28 THRU 6-24		.04CR		
06/25	**Closing Balance**				**.75CR**	**.75CR**	**3.160**

Customer Service

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL
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RACHEL C CLEMENT C/F

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

TOTAL ACCOUNT VALUE AS OF 07/30/1999 $50,290.00

RACHEL C CLEMENT C/F
ROBERT N CLEMENT UTMA/VA
UNTIL AGE 21
8202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5600

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-LINK

Monthly Portfolio Summary

Asset	06/25/99 Value	%	07/30/99 Value	%
Cash/Money Funds	3,160	7	3,009	6
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities	28,355	62	33,249	66
Mutual Funds	13,879	31	14,031	28
Options				
Other				
Long Market Value	45,394		50,290	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	45,394		50,290	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	13.57	275.16
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends	28.05	163.46
Income Not Reported		
Total	41.62	438.62

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 3,009 Investor Credit Line

NEWS

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Financial Market Indicators

	This Statement	Last Statement	Previou Year-E
Dow Jones Industrial Average	10655.15	10970.80	9181.4
Three-Month Treasury Bills	4.74%	4.76%	4.4
Long-Term Treasury Bonds	6.10%	5.97%	5.0

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Cash Flow Summary

Activity Summary	This Statement	Year-to-Date
Opening Balance Cash & Money Funds	3,160.75	
Net Credits & Debits	150.93DR	17,007.92DR
Closing Balance Cash & Money Funds	3,009.82	

Credits	This Statement	Year-to-Date
Sales		8,846.38
Income	41.62	438.62
Funds Received		20,950.73
Other	84.05	84.05
Total Credits	125.67	30,319.78

Debits	This Statement	Year-to-
Purchases	166.00	47.0
Withdrawals		
Other	110.60	2
Total Debits	276.60	47.3

Realized Capital Gain and Loss Summary*

	This Month	Year-to-Date
Short-Term	.00	16.37
Long-Term	.00	.00

*-Excludes transactions for which we have insufficient data

LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Curre Yield %
	Cash and Money Funds									
3,009	CMA MONEY FUND		1.00	3,009	1.00	3,009			137	4.58

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	C
	Equities										
100	** APPLIED MATERIAL INC	AMAT		02/10/99	64.22	6,422	71.93	7,193	771		
100	CENTRAL PARKING CORP	CPC		03/18/99	34.68	3,468	33.06	3,306	(161)	6	
1,000	** GLOBAL MARINE INC NEW	GLM		01/27/99	9.25	9,256	16.62	16.625	7,369		
1,000	LCC INTERNATIONAL INC	LCCI		02/17/99	5.06	5,068	6.12	6,125	1,057		
	Total Equities					24,216		33,249	9,036	6	

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	C
	Mutual Funds and Defined Asset Funds										
Mutual Funds - Equity											
5.655	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS			02/03/99	.86	4.917	.84	4.750	(166)	307	
31	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS			02/26/99	.82	25	.84	26	1	1	
33	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS			03/26/99	.79	26	.84	27	1	1	
30	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS			04/27/99	.88	26	.84	25		1	
29	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS			05/26/99	.91	26	.84	24	(1)	1	
30	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS			06/28/99	.87	26	.84	25		1	
132	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS			07/27/99	.84	111	.84	110		7	
	(.0716 FRACTIONAL SHARE)			N/A	N/A	N/A	.84		N/A		
5,940	Security Sub-Total					5.159		4.989	(165)	322	
480	MERCURY US LARGE CAP CLASS C			03/26/99	10.28	4.934	10.27	4.929	(4)		
	(.3030 FRACTIONAL SHARE)			N/A	N/A	N/A	10.27	3	N/A		
	Total Client Investment			$4,934							
	Investment Return			($4)							

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	C
	Mutual Funds and Defined Asset Funds										
Mutual Funds - Equity											
220	MFS CAP OPP FD CL C			06/16/99	18.51	4,073	18.67	4,107	36		
	(.1020 FRACTIONAL SHARE)			N/A	N/A	N/A	18.67	1	N/A		
	Total Client Investment			$4,053							
	Investment Return			$53							
	Total Mutual Funds - Equity					14,167		14,031	(133)	322	
	Total Mutual Funds					14,167		14,031	(133)	322	
	Total of Long Portfolio					61,392*		50,290	8,903 *	466	

DATE ACQUIRED: Date of your initial investment in this fund.
UNIT COST BASIS: Average cost basis for all shares owned.
UNREALIZED GAIN or (LOSS): Total market value minus total cost basis

TOTAL CLIENT INVESTMENT: Cost of shares directly purchased (excluding shares purchased through reinvestment)
INVESTMENT RETURN: Value of reinvested shares plus capital appreciation(depreciation) of all shares purchased, including through reinvestment

* - Excludes N/A items

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Security Transactions			
06/29	Divd Reinv	30	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS QUANTITY BOT 30.5134 N. A. V. $.89174 ACCRUED INT $.00000			
07/15	Purchase	8	MFS CAP OPP FD CL C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .583 PRICE 19.340000	19.340	166.00	
07/15	Journal Entry	1	MFS CAP OPP FD CL C FULL SHARE ACCUM SHARE VALUE $19.34			
07/28	Divd Reinv	132	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS QUANTITY BOT 131.4335 N. A. V. $.84149 ACCRUED INT $.00000			
			Net Total		166.00	
			Dividends and Interest			
07/14	* Dividend		CENTRAL PARKING CORP HOLDING 100.0000			1.50
07/26	* Dividend		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS HOLDING 5808.6381			26.55
07/30	Share Dividend	13	CMA MONEY FUND			

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Dividends and Interest			
07/30	Cash Dividend		CMA MONEY FUND FROM 6-25 THRU 7-29			.57
	Income Total		CMA MONEY FUND SHARE DIVIDEND			11.00
			Net Total			**41.62**
			Other Activity			
07/26	Reinvestment		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS		26.55	
07/26	* Prin Payment		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNUS HOLDING 5R0R.6381			84.05
07/26	Reinvestment		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS		84.05	
			Net Total		**26.55**	
			Standing Instructions			
	ORDER TO BUY	MONTHLY	MFS CAP OPP FD CL C	166.00		

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Tax Information Summary

	This Statement	Year-to-Date
Accrued Interest Paid		
Tax-Exempt		
Reportable		10.70
Accrued Interest Received		
Tax-Exempt		
Reportable		
Gross Proceeds	84.05	8,930.43

Although we provide complete year-to-date information for Reportable Accrued Interest Received, Accrued Interest Paid and Tax-Exempt Accrued Interest Received and Paid include only those months we produce your profit and loss statement.

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
06/25	Opening Balance					.75CR	3,160
06/29	Divd Reinv	30	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS QUANTITY BOT 30.5134 N. A. V. $.89174 ACCRUED INT $.00000			.75CR	3,160
07/14	* Dividend		CENTRAL PARKING CORP HOLDING 100.0000		1.50CR	2.25CR	3,160

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
07/15	Purchase	8	MFS CAP OPP FD CL C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .583 PRICE 19.340000	19.340	166.00		
07/15	Journal Entry	1	MFS CAP OPP FD CL C FULL SHARE ACCUM SHARE VALUE $19.34				
07/15	Sale	-164	CMA MONEY FUND		164.00CR	.25CR	2.996
07/26	* Dividend		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS HOLDING 5808.6381		26.55CR		
07/26	Reinvestment		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS		26.55		
07/26	* Prin Payment		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS HOLDING 5808.6381		84.05CR		
07/26	Reinvestment		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS		84.05		
						.25CR	2.996
07/28	Divd Reinv	132	CDHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS QUANTITY BOT 131.4335 N. A. V. $.84149 ACCRUED INT $.00000			.25CR	2.996
07/30	Share Dividend	13	CMA MONEY FUND				
07/30	Cash Dividend		CMA MONEY FUND FROM 6-25 THRU 7-29		.57CR		
07/30	**Closing Balance**				**.82CR**	**.82CR**	3,009

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Customer Service

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

TOTAL ACCOUNT VALUE AS OF 08/27/1999 $52,082.00

RACHEL C CLEMENT C/F
ROBERT N CLEMENT UTMA/VA
UNTIL AGE 21
8202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5600

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-LINK

Monthly Portfolio Summary

Asset	07/30/99 Value	%	08/27/99 Value	%
Cash/Money Funds	3,009	6	2,854	5
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities	33,249	66	35,092	67
Mutual Funds	14,031	28	14,136	27
Options				
Other				
Long Market Value	50,290		52,082	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	50,290		52,082	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	10.47	285.63
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends	27.62	191.08
Income Not Reported		
Total	38.09	476.71

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 2,099 Investor Credit Line

NEWS

Our top-rated research team has put together two timely equity-investment ideas. On September 8, Merrill Lynch will make available a list of our 10 best technology-stock ideas, as well as a list of our 15 most-favored stocks. For information, call your Financial Consultant.

Financial Market Indicators

	This Statement	Last Statement	Previo Year-E
Dow Jones Industrial Average	11090.17	10655.15	9181.
Three-Month Treasury Bills	4.96%	4.74%	4.
Long-Term Treasury Bonds	5.97%	6.10%	5.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Cash Flow Summary

Activity Summary	This Statement	Year-to-Date
Opening Balance Cash & Money Funds	3,009.82	
Net Credits & Debits	155.52DR	17,163.44DR
Closing Balance Cash & Money Funds	2,854.30	

Credits	This Statement	Year-to-Date
Sales		8,846.38
Income	38.09	476.71
Funds Received		20,950.73
Other		84.05
Total Credits	38.09	30,357.87

Debits	This Statement	Year-to-D
Purchases	165.99	47.22
Withdrawals		
Other	27.62	29
Total Debits	193.61	47.52

Realized Capital Gain and Loss Summary*

	This Month	Year-to-Date
Short-Term	.00	16.37
Long-Term	.00	.00

*-Excludes transactions for which we have insufficient data.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Curr Yie %
	Cash and Money Funds									
	CASH			1		1				
2,853	CMA MONEY FUND		1.00	2,853	1.00	2,853			133	4.67
	Total Cash/Money Funds			2,854		2,854			133	4.67

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income
	Equities									
100	** APPLIED MATERIAL INC	AMAT		02/10/99	64.22	6,422	68.93	6,893	471	
100	CENTRAL PARKING CORP	CPC		03/18/99	34.68	3,468	32.00	3,200	(268)	6
1,000	** GLOBAL MARINE INC NEW	GLM		01/27/99	9.25	9,256	17.18	17,187	7,931	
1,000	LCC INTERNATIONAL INC	LCCI		02/17/99	5.06	5,068	7.81	7,812	2,744	
	Total Equities					24,216		35,092	10,878	6
	Mutual Funds and Defined Asset Funds									
Mutual Funds - Equity										
5,655	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS			02/03/99	.86	4,917	.82	4,637	(279)	309
31	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS			02/26/99	.82	25	.82	25		1
33	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS			03/26/99	.79	26	.82	27	1	1
30	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS			04/27/99	.88	26	.82	24	(1)	1

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income
	Mutual Funds and Defined Asset Funds									
Mutual Funds - Equity										
29	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS			05/26/99	.91	26	.82	23	(2)	1
30	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS			06/28/99	.87	26	.82	24	(1)	1
132	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS			07/27/99	.84	111	.82	108	(2)	7
33	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS			08/26/99	.82	27	.82	27		1
	(.4299 FRACTIONAL SHARE)			N/A	N/A	N/A	.82		N/A	
5,973	Security Sub-Total					5,186		4,898	(284)	326
480	MERCURY US LARGE CAP CLASS C			03/26/99	10.28	4,934	10.37	4,977	43	
	(.3030 FRACTIONAL SHARE)			N/A	N/A	N/A	10.37	3	N/A	
	Total Client Investment			$4,934						
	Investment Return			$43						
229	MFS CAP OPP FD CL C			06/16/99	18.49	4,235	18.59	4,257	24	
	Total Client Investment			$4,215						
	Investment Return			$41						
	Total Mutual Funds - Equity					14,356		14,136	(217)	326

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	C
	Total Mutual Funds					14,356		14,136	(217)	326	

DATE ACQUIRED: Date of your initial investment in this fund
UNIT COST BASIS: Average cost basis for all shares owned
UNREALIZED GAIN or (LOSS): Total market value minus total cost basis

TOTAL CLIENT INVESTMENT: Cost of shares directly purchased (excluding shares purchased through reinvestment)
INVESTMENT RETURN: Value of reinvested shares plus capital appreciation(depreciation) of all shares purchased, including through reinvestment.

Total of Long Portfolio	41,427*	52,083	10,661 *	465

* - Excludes N/A Items

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Security Transactions			
08/12	Purchase	9	MFS CAP OPP FD CL C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .227 PRICE 17.990000	17.990	165.99	
08/26	Divd Reinv	33	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS QUANTITY BOT 33.3583 N. A. V. $.82798 ACCRUED INT $.00000			
			Net Total		165.99	

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Dividends and Interest			
08/25	Dividend		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS HOLDING 5940.0000			27.62
08/27	Share Dividend	10	CMA MONEY FUND			
08/27	Cash Dividend		CMA MONEY FUND FROM 7-30 THRU 8-26			.47
	Income Total		CMA MONEY FUND SHARE DIVIDENO			10.00
			Net Total			38.09
			Other Activity			
08/25	Reinvestment		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS		27.62	
			Net Total		27.62	
			Standing Instructions			
	ORDER TO BUY	MONTHLY	MFS CAP OPP FD CL C	166.00		

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Tax Information Summary

	This Statement	Year-to-Date
Accrued Interest Paid		
Tax-Exempt		
Reportable		10.70
Accrued Interest Received		
Tax-Exempt		
Reportable		
Gross Proceeds		8,930.43

Although we provide complete year-to-date information for Reportable Accrued Interest Received, Accrued Interest Paid and Tax-Exempt Accrued Interest Received and Paid include only those months we produce your profit and loss statement.

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
07/30	Opening Balance						
08/12	Purchase	9	MFS CAP OPP FD CL C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .227 PRICE 17.990000	17.990	165.99	.82CR	3,809
08/12	Sale	-166	CMA MONEY FUND		166.00CR	.83CR	2.843
08/25	* Dividend		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS HOLDING 5940.0000		27.62CR		

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MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA® ACCOUNT

RACHEL C CLEMENT C/F

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
08/25	Reinvestment		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS		27.62		
08/26	Divd Reinv	33	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS QUANTITY BOT 33.3583 N. A. V. $.82798 ACCRUED INT $.00000			.83CR	2,84
08/27	Share Dividend	10	CMA MONEY FUND			.83CR	2,843
08/27	Cash Dividend		CMA MONEY FUND FROM 7-30 THRU 8-26		.47CR		
08/27	Closing Balance				1.30CR	1.30CR	2,853

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Statement Period 07/31/99 TO 08/27/99

Account No.

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MERRILL LYNCH CMA® ACCOUNT

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RACHEL C CLEMENT C/F

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

TOTAL ACCOUNT VALUE AS OF 09/24/1999 $49,344.00

RACHEL C CLEMENT C/F
ROBERT N CLEMENT UTMA/VA
UNTIL AGE 21
8202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5600

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-LINK

Monthly Portfolio Summary

Asset	08/27/99 Value	%	09/24/99 Value	%
Cash/Money Funds	2,854	5	336	1
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities	35,092	67	38,980	79
Mutual Funds	14,136	27	10,027	20
Options				
Other				
Long Market Value	52,082		49,344	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	52,082		49,344	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	5.34	290.97
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends		191.08
Income Not Reported		
Total	5.34	482.05

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 336 Investor Credit Line

NEWS

We are pleased to introduce the Merrill Lynch & You newsletter. This first issue explains how you will benefit from this innovative communication. Other inserts contain important information on investment opportunities, treding in today's markets, retirement-account fees, the Firm's financial condition and an explanation of statement terms.

Financial Market Indicators

	This Statement	Last Statement	Previo Year-E
Dow Jones Industrial Average	10279.33	11090.17	7181.
Three-Month Treasury Bills	4.77%	4.96%	4.
Long-Term Treasury Bonds	5.97%	5.97%	5.

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Cash Flow Summary

Activity Summary	This Statement	Year-to-Date
Opening Balance Cash & Money Funds	2,854.30	
Net Credits & Debits	2,517.72DR	19,681.16DR
Closing Balance Cash & Money Funds	336.58	

Credits	This Statement	Year-to-Date
Sales	9,204.54	18,050.02
Income	5.34	482.05
Funds Received		20,950.73
Other		84.05
Total Credits	9,209.88	39,567.75

Debits	This Statement	Year-to-D
Purchases	11,727.60	58,95
Withdrawals		
Other		29
Total Debits	11,727.60	59,24

Realized Capital Gain and Loss Summary*

	This Month	Year-to-Date
Short-Term	(224.12)	(207.75)
Long-Term	.00	.00

*-Excludes transactions for which we have insufficient data.

151750 _ PLEASE SEE REVERSE SIDE

LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Realized Monthly Capital Gains and Losses

Quantity	Security Description	Date of Acquisition	Date of Liquidation	Sales Price	Cost Basis	Gain or (Loss)
5655	COHEN & STEERS REALTY	02/03/99	09/07/99	4,696.19	4,917.41	(221.22)
31	COHEN & STEERS REALTY	02/26/99	09/07/99	25.74	25.51	.23
33	COHEN & STEERS REALTY	03/26/99	09/07/99	27.40	26.16	1.24
30	COHEN & STEERS REALTY	04/27/99	09/07/99	24.91	26.51	(1.60)
29	COHEN & STEERS REALTY	05/26/99	09/07/99	24.08	26.62	(2.54)
30	COHEN & STEERS REALTY	06/28/99	09/07/99	24.91	26.32	(1.41)
132	COHEN & STEERS REALTY	07/27/99	09/07/99	109.64	111.07	(1.43)
33	COHEN & STEERS REALTY	08/26/99	09/07/99	27.41	27.32	.09
211	MFS CAP OPP FD CL C	06/16/99	08/26/99	3,904.65	3,899.27	5.38
8	MFS CAP OPP FD CL C	07/12/99	08/26/99	148.04	154.72	(6.68)
1	MFS CAP OPP FD CL C	07/15/99	08/26/99	18.50	19.34	(.84)
9	MFS CAP OPP FD CL C	08/09/99	08/26/99	166.56	161.90	4.66

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Curre Yiel %
	Cash and Money Funds									
336	CMA MONEY FUND		1.00	336	1.00	336			16	4.81

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Current Portfolio

Quantity		Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	C
		Equities										
100	**	APPLIED MATERIAL INC	AMAT		02/10/99	64.22	6,422	78.87	7,887	1,465		
50	**	BROADCOM CORP CALIF CL A	BRCM		09/07/99	131.23	6,561	109.62	5,481	(1,079)		
100		CENTRAL PARKING CORP	CPC		03/18/99	34.68	3,468	28.00	2,800	(668)	6	
1,000	**	GLOBAL MARINE INC NEW	GLM		01/27/99	9.25	9,256	16.93	16,937	7,681		
1,000		LCC INTERNATIONAL INC	LCCI		02/17/99	5.06	5,068	5.87	5,875	807		
		Total Equities					30,778		38,980	8,206	6	
		Mutual Funds and Defined Asset Funds										
Mutual Funds - Equity												
194		DELAWARE AGGRESSIVE GROWTH FUND CL C			08/26/99	25.67	4,981	25.89	5,022	41		
		(.7230 FRACTIONAL SHARE)			N/A	N/A	N/A	25.89	18	N/A		
		Total Client Investment			$4,981							
		Investment Return			$41							
480		MERCURY US LARGE CAP CLASS C			03/26/99	10.28	4,934	10.05	4,824	(110)		
		(.3030 FRACTIONAL SHARE)			N/A	N/A	N/A	10.05	3	N/A		
		Total Client Investment			$4,934							
		Investment Return			($110)							

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income
	Mutual Funds and Defined Asset Funds									
Mutual Funds - Equity										
8	MFS CAP OPP FD CL C			09/13/99	18.86	150	18.06	144	(5)	
	(.8020 FRACTIONAL SHARE)			N/A	N/A	N/A	18.06	14	N/A	
	Total Client Investment			$150						
	Investment Return			($6)						
	Total Mutual Funds - Equity					10,066		10,027	(74)	
	Total Mutual Funds					10,066		10,027	(74)	
	Total of Long Portfolio					41,180*		49,344	8,132 *	22

DATE ACQUIRED: Date of your initial investment in this fund.
UNIT COST BASIS: Average cost basis for all shares owned
UNREALIZED GAIN or (LOSS): Total market value minus total cost basis

TOTAL CLIENT INVESTMENT: Cost of shares directly purchased (excluding shares purchased through reinvestment)
INVESTMENT RETURN: Value of reinvested shares plus capital appreciation(depreciation) of all shares purchased, including through reinvestment.

* - Excludes N/A Items

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Monthly Activity

Date		Transaction	Quantity	Description	Price	Debit	Credit
				Security Transactions			
08/31		Purchase	194	DELAWARE AGGRESSIVE GROWTH FUND CL C FRAC SHR QUANTITY .723 PROSPECTUS ENCLOSED PRICE 25.650000	25.650	4,999.99	
08/31	*	Sale	-229	MFS CAP OPP FD CL C FRAC SHR QUANTITY .329 DEFERRED SALES CHARGE AP PRICE 18.710000	18.710		4,243.91
09/10		Purchase	50	BROADCOM CORP CALIF CL A	130.125	6,561.60	
09/10	*	Sale	-5,973	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS PRICE .830450	.830		4,960.28
09/13		Frac Qty Sale		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS 09/13PRICE $.81846 QTY SOLD .4299			.35
09/16		Purchase	8	MFS CAP OPP FD CL C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .802 PRICE 18.860000	18.860	166.01	
				Net Total		2,523.06	
				Dividends and Interest			
09/24		Share Dividend	5	CMA MONEY FUND			
09/24		Cash Dividend		CMA MONEY FUND FROM 8-27 THRU 9-23			.34

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Dividends and Interest			
						5.00
	Income Total					5.34
			Net Total			
			Standing Instructions			
	ORDER TO BUY	MONTHLY	MFS CAP OPP FD CL C	166.00		

Tax Information Summary

	This Statement	Year-to-Date
Accrued Interest Paid		
Tax-Exempt		
Reportable		10.70
Accrued Interest Received		
Tax-Exempt		
Reportable		
Gross Proceeds	9,204.19	18,134.62

Although we provide complete year-to-date information for Reportable Accrued Interest Received, Accrued Interest Paid and Tax-Exempt Accrued Interest Received and Paid include only those months we produce your profit and loss statement.

LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
08/27	Opening Balance					1.30CR	2,853
08/30	Purchase	1	CMA MONEY FUND		1.00	.30CR	2,854
08/31	Purchase	194	DELAWARE AGGRESSIVE GROWTH FUND CL C FRAC SHR QUANTITY .723 PROSPECTUS ENCLOSED PRICE 25.650000	25.650	4,999.99		
08/31	• Sale	-229	MFS CAP OPP FD CL C FRAC SHR QUANTITY .329 DEFERRED SALES CHARGE AP PRICE 18.710000	18.710	4,243.91CR		
08/31	Sale	-756	CMA MONEY FUND		756.00CR	.22CR	2,098
09/10	Purchase	50	BROADCOM CORP CALIF CL A	130.125	6,561.60		
09/10	• Sale	-5,973	COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS PRICE .830450	.830	4,960.28CR		
09/10	Sale	-1,602	CMA MONEY FUND		1,602.00CR	.90CR	496
09/13	Frac Qty Sale		COHEN & STEERS REALTY MAJORS PORTFOLIO DEFINED ASSET FUNDS 09/13PRICE $.81846 QTY SOLD .4299		.35CR		
09/16	Purchase	8	MFS CAP OPP FD CL C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .802 PRICE 18.860000	18.860	166.01	1.25CR	496
09/16	Sale	-165	CMA MONEY FUND		165.00CR	.24CR	331
09/24	Share Dividend	5	CMA MONEY FUND				

LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
					.34CR		
09/24	Cash Dividend		CMA MONEY FUND FROM 8-27 THRU 9-23		.58CR	.58CR	336
09/24	Closing Balance						

Customer Service

For information about your account, please call 1-800-MER-LINK (1-800-637-5465). To report Lost or Stolen Visa Cards or Checks, please call 1-800-262-5678. When requested, enter your Access Code 92-576-39244.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL
SERVICE

RACHEL C CLEMENT C/F

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,LICATE. MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

TOTAL ACCOUNT VALUE AS OF 10/29/1999 $52,316.00

RACHEL C CLEMENT C/F
ROBERT N CLEMENT UTMA/VA
UNTIL AGE 21
8202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5600

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-LINK

Monthly Portfolio Summary

Asset	09/24/99 Value	%	10/29/99 Value	%
Cash/Money Funds	336	1	246	*
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities	38,980	79	46,414	89
Mutual Funds	10,027	20	5,655	11
Options				
Other				
*-Less than 1 %				
Long Market Value	49,344		52,316	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	49,344		52,316	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	1.53	292.50
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends	1.50	192.58
Income Not Reported		
Total	3.03	485.08

Items for Attention

Sacurity	Message	Date
	No Items For Attention	

Purchasing Power 246 Investor Credit Line

NEWS

November 30th may be more important than April 15th! The tax planning process begins today. Merrill Lynch has outlined five strategies which may help your after-tax portfolio performance. To order "Harvesting Your Equity Portfolio for Tax Efficiency," call (800) MERRILL Ext. 4553 or your Financial Consultant.

Financial Market Indicators

	This Statement	Last Statement	Previou Year-En
Dow Jones Industrial Average	10731.76	10336.95	9181.4
Three-Month Treasury Bills	5.08%	4.84%	4.4
Long-Term Treasury Bonds	6.16%	6.05%	5.0

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Cash Flow Summary

Activity Summary	This Statement	Year-to-Date
Opening Balance Cash & Money Funds	336.58	
Net Credits & Debits	90.44DR	19,771.60DR
Closing Balance Cash & Money Funds	246.14	

Credits	This Statement	Year-to-Date
Sales	5,014.49	23,065.41
Income	3.03	485.08
Funds Received		20,950.73
Other		84.05
Total Credits	5,017.52	44,585.27

Debits	This Statement	Year-to-D
Purchases	5,107.96	64,05
Withdrawals		
Other		20
Total Debits	5,107.96	64,35

Realized Capital Gain and Loss Summary*

	This Month	Year-to-Date
Short-Term	(89.12)	(296.87)
Long-Term	.00	.00

*-Excludes transactions for which we have insufficient data.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Realized Monthly Capital Gains and Losses

Quantity	Security Description	Date of Acquisition	Date of Liquidation	Sales Price	Cost Basis	Gain or (Loss)
8	MFS CAP OPP FD CL C	09/13/99	10/11/99	144.99	150.88	(5.89)
480	MERCURY US LG CAP CL C	03/26/99	10/14/99	4,851.16	4,934.39	(83.23)

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Curre Yiel %
	Cash and Money Funds									
	CASH			1		1				
245	CMA MONEY FUND		1.00	245	1.00	245			12	4.96
	Total Cash/Money Funds			246		246			12	4.98

LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Current Portfolio

Quantity		Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	C
		Equities										
100	**	APPLIED MATERIAL INC	AMAT		02/10/99	64.22	6,422	89.81	8,981	2,559		
50	**	BROADCOM CORP CALIF CL A	BRCM		09/07/99	131.23	6,561	127.81	6,390	(170)		
100	**	CENTRAL PARKING CORP	CPC		03/18/99	34.68	3,468	26.81	2,681	(786)	6	
135		GLOBAL CROSSING LTD	GBLX		10/14/99	36.60	4,941	34.62	4,674	(266)		
1,000	**	GLOBAL MARINE INC NEW	GLM		01/27/99	9.25	9,256	15.18	15,187	5,931		
1,000		LCC INTERNATIONAL INC	LCCI		02/17/99	5.06	5,068	8.50	8,500	3,432		
		Total Equities					35,720		46,414	10,700	6	
		Mutual Funds and Defined Asset Funds										
Mutual Funds - Equity												
194		DELAWARE SELECT GROWTH FUND CL C			08/26/99	25.67	4,981	28.18	5,466	485		
		(.7230 FRACTIONAL SHARE)			N/A	N/A	N/A	28.18	20	N/A		
		Total Client Investment			$4,981							
		Investment Return			$485							
8		MFS CAP OPP FD CL C			10/11/99	18.99	151	19.29	154	3		
		(.7370 FRACTIONAL SHARE)			N/A	N/A	N/A	19.29	14	N/A		
		Total Client Investment			$151							
		Investment Return			$2							

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	C
	Total Mutual Funds - Equity					5,133		5,655	488		
	Total Mutual Funds					5,133		5,655	488		
	Total of Long Portfolio					41,099*		52,316	11,188 *	18	

DATE ACQUIRED: Date of your initial investment in this fund
UNIT COST BASIS: Average cost basis for all shares owned
UNREALIZED GAIN or (LOSS): Total market value minus total cost basis

TOTAL CLIENT INVESTMENT Cost of shares directly purchased (excluding shares purchased through reinvestment)
INVESTMENT RETURN: Value of reinvested shares plus capital appreciation(depreciation) of all shares purchased, including through reinvestment

* - Excludes N/A Items

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Security Transactions			
10/14	• Sale	-8	MFS CAP OPP FD CL C FRAC SHR QUANTITY .802 DEFERRED SALES CHARGE AP PRICE 19.000000	19.000		160 2
10/14	Purchase	8	MFS CAP OPP FD CL C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .737 PRICE 19.000000	19.000	166.00	
10/19	Purchase	135	GLOBAL CROSSING LTD PRICE 36 3/ 16	36.187	4,941.96	

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Security Transactions			
10/19	Sale	-480	MERCURY US LARGE CAP CLASS C FRAC SHR QUANTITY .303 DEFERRED SALES CHARGE AP PRICE 10.22	10.220		4,854.26
			Net Total		93.47	
			Dividends and Interest			
10/14	Dividend		CENTRAL PARKING CORP HOLDING 100.0000			1.50
10/29	Share Dividend	1	CMA MONEY FUND			.53
10/29	Cash Dividend		CMA MONEY FUND FROM 9-24 THRU 10-28			1.00
	Income Total		CMA MONEY FUND			3.03
			Net Total			

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Tax Information Summary

	This Statement	Year-to-Date
Accrued Interest Paid		
Tax-Exempt		
Reportable		10.70
Accrued Interest Received		
Tax-Exempt		
Reportable		
Gross Proceeds	5,014.49	23,149.11

Although we provide complete year-to-date information for Reportable Accrued Interest Received, Accrued Interest Paid and Tax-Exempt Accrued Interest Received and Paid include only those months we produce your profit and loss statement.

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
09/24	Opening Balance					.50CR	336
10/14	* Dividend		CENTRAL PARKING CORP HOLDING 100.0000		1.50CR		
10/14	* Sale	-8	MFS CAP OPP FD CL C FRAC SHR QUANTITY .802 DEFERRED SALES CHARGE AP PRICE 19.000000	19.000	160.23CR		
10/14	Purchase	8	MFS CAP OPP FD CL C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .737 PRICE 19.000000	19.000	166.00		
10/14	Sale	-6	CMA MONEY FUND		6.00CR	2.31CR	330

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
10/15	Purchase	2	CMA MONEY FUND		2.00	.31CR	33
10/19	Purchase	135	GLOBAL CROSSING LTD PRICE 36 3/ 16	36.187	4,941.96		
10/19	• Sale	-480	MERCURY US LARGE CAP CLASS C FRAC SHR QUANTITY .303 DEFERRED SALES CHARGE AP PRICE 10.22	10.220	4,854.26CR		
10/19	Sale	-88	CMA MONEY FUND		88.00CR	.61CR	24
10/29	Share Dividend	1	CMA MONEY FUND				
10/29	Cash Dividend		CMA MONEY FUND FROM 9-24 THRU 10-28		.53CR		
10/29	**Closing Balance**				**1.14CR**	**1.14CR**	245

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Customer Service

For information about your account, please call 1-800-MER-LINK (1-800-637-5465). To report Lost or Stolen Visa Cards or Checks, please call 1-800-262-5678. When requested, enter your Access Code 92-576-39244.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

TOTAL ACCOUNT VALUE AS OF 11/26/1999 $67,026.00

RACHEL C CLEMENT C/F
ROBERT N CLEMENT UTMA/VA
UNTIL AGE 21
8202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5600

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-LINK

Monthly Portfolio Summary

Asset	10/29/99 Value	%	11/26/99 Value	%
Cash/Money Funds	246	*	246	*
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities	46,414	89	60,147	90
Mutual Funds	5,655	11	6,632	10
Options				
Other				
*-Less than 1 %				
Long Market Value	52,316		67,026	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	52,316		67,026	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	.85	293.35
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends		192.58
Income Not Reported		
Total	.85	485.93

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 246 Investor Credit Line

NEWS

Coming in December: The New Collective Wisdom Portfolios. For info, call your FC or (800) MERRILL, Ext. 4576. Merrill Lynch systems are Y2K-ready. During the year-end 12/31 - 1/2 weekend, please remember that regular end-of-year processing causes normal delays in the availability of account information posted on Merrill Lynch OnLine and all client service phone lines.

Financial Market Indicators

	This Statement	Last Statement	Previo Year-E
Dow Jones Industrial Average	10988.91	10731.76	9181.4
Three-Month Treasury Bills	5.28%	5.08%	4.4
Long-Term Treasury Bonds	6.23%	6.16%	5.0

LICATE MERRILL LYNCH STATEMENT STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL
SERVICE

RACHEL C CLEMENT C/F

Cash Flow Summary

Activity Summary	This Statement	Year-to-Date
Opening Balance Cash & Money Funds	246.14	
Net Credits & Debits	.85	19,770.75DR
Closing Balance Cash & Money Funds	246.99	

Credits	This Statement	Year-to-Date
Sales		23,065.41
Income	.85	485.93
Funds Received		20,950.73
Other		84.05
Total Credits	.85	44,586.12

Debits	This Statement	Year-to-D
Purchases		64.05
Withdrawals		
Other		20
Total Debits		64.15

Realized Capital Gain and Loss Summary*

	This Month	Year-to-Date
Short-Term	.00	(296.87)
Long-Term	.00	.00

*-Excludes transactions for which we have insufficient data

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Curre Yield %
	Caah and Money Funds									
246	CMA MONEY FUND		1.00	246	1.00	246			12	5.06

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	C Y
	Equities										
100	** APPLIED MATERIAL INC	AMAT		02/10/99	64.22	6,422	102.00	10,200	3,778		
50	** BROADCOM CORP CALIF CL A	BRCM		09/07/99	131.23	6,561	207.12	10,356	3,795		
100	** CENTRAL PARKING CORP	CPC		03/18/99	34.68	3,468	26.18	2,618	(849)	6	
135	GLOBAL CROSSING LTD	GBLX		10/14/99	36.60	4,941	46.56	6,285	1,344		
1,000	** GLOBAL MARINE INC NEW	GLM		01/27/99	9.25	9,256	15.50	15,500	6,244		
1,000	LCC INTERNATIONAL INC	LCCI		02/17/99	5.06	5,068	15.18	15,187	10,119		
	Total Equities					35,720		60,147	24,431	6	

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LICATE MERRILL LYNCH STATEMENT STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income
	Mutual Funds and Defined Asset Funds									
Mutual Funds - Equity										
194	DELAWARE SELECT GROWTH FUND CL C			08/26/99	25.67	4,981	33.11	6,423	1,442	
	(.7230 FRACTIONAL SHARE)			N/A	N/A	N/A	33.11	23	N/A	
	Total Client Investment			$4,981						
	Investment Return			$1,441						
8	MFS CAP OPP FD CL C			10/11/99	18.99	151	21.24	169	18	
	(.7370 FRACTIONAL SHARE)			N/A	N/A	N/A	21.24	15	N/A	
	Total Client Investment			$151						
	Investment Return			$17						
	Total Mutual Funds - Equity					5,133		6,632	1,460	
	Total Mutual Funds					5,133		6,632	1,460	
	Total of Long Portfolio					41,099*		67,026	25,891 *	18

DATE ACQUIRED: Date of your initial investment in this fund.
UNIT COST BASIS: Average cost basis for all shares owned
UNREALIZED GAIN or (LOSS): Total market value minus total cost basis

TOTAL CLIENT INVESTMENT: Cost of shares directly purchased (excluding shares purchased through reinvestment)
INVESTMENT RETURN: Value of reinvested shares plus capital appreciation(depreciation) of all shares purchased, including through reinvestment.

* - Excludes N/A Items

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'LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Dividends and interest			
11/26	Cash Dividend		CMA MONEY FUND FROM 10-29 THRU 11-24			.85
			Net Total			.85

Tax Information Summary

	This Statement	Year-to-Date
Accrued Interest Paid		
Tax-Exempt		
Reportable		10.70
Accrued Interest Received		
Tax-Exempt		
Reportable		
Gross Proceeds		23,149.11

Although we provide complete year-to-date information for Reportable Accrued Interest Received, Accrued Interest Paid and Tax-Exempt Accrued Interest Received and Paid include only those months we produce your profit and loss statement

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'LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Daily Activity Reviaw

Date	Transaction	Quantity	Dascription	Price	Amount	Cash Balance	Share Balance
10/29	Opening Balance					1.14CR	24
11/01	Purchase	1	CMA MONEY FUND		1.00	.14CR	24
11/26	Cash Dividend		CMA MONEY FUND FROM 10-29 THRU 11-24		.85CR		
11/26	Closing Balence				.99CR	.99CR	24

Customer Service

For information about your account, please call 1-800-MER-LINK (1-800-637-5465). To report Lost or Stolen Visa Cards or Checks, please call 1-800-262-5678. When requested, enter your Access Code 92-576-39244

LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA® ACCOUNT

TOTAL ACCOUNT VALUE AS OF 12/31/1999 $77,919.00

RACHEL C CLEMENT C/F
ROBERT N CLEMENT UTMA/VA
UNTIL AGE 21
8202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5600

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-LINK

Monthly Portfolio Summary

Asset	11/26/99 Value	%	12/31/99 Value	%
Cash/Money Funds	246	*	1,758	2
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities	60,147	90	68,874	88
Mutual Funds	6,632	10	7,286	9
Options				
Other				
*-Less than 1 %				
Long Market Value	67,026		77,919	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	67,026		77,919	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	10.27	303.62
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends	158.15	350.73
Income Not Reported		
Total	168.42	654.35

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 1,758 Investor Credit Line

NEWS

The 2000 Collective Wisdom Portfolios. Merrill Lynch's global research team has introduced the U.S. and International Collective Wisdom Portfolios, comprised of their top stock ideas for the year ahead. For more information and to get our 20 pg. report contact your Financial Consultant, log on to MLOL or call 1-800-Merrill ext. 4576.

Financial Market Indicators

	This Statement	Last Statement	Previou Year-E
Dow Jones Industrial Average	11497.12	10877.81	9181.4
Three-Month Treasury Bills	5.31%	5.29%	4.4
Long-Term Treasury Bonds	6.47%	6.26%	5.0

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Cash Flow Summary

Activity Summary	This Statement	Year-to-Date
Opening Balance Cash & Money Funds	246.99	
Net Credits & Debits	1,511.57	18,259.18DR
Closing Balance Cash & Money Funds	1,758.56	

Credits	This Statement	Year-to-Date
Sales	9,405.28	32,470.69
Income	168.42	654.35
Funds Received		20,950.73
Other		84.05
Total Credits	9,573.70	54,159.82

Debits	This Statement	Year-to-D
Purchases	7,906.35	71,96
Withdrawals		
Other	155.78	4[illegible]
Total Debits	8,062.13	72,41

Realized Capital Gain and Loss Summary*

	This Month	Year-to-Date
Short-Term	1,140.33	843.46
Long-Term	.00	.00

*-Excludes transactions for which we have insufficient data

The capital gains and losses shown above may not reflect all transactions which must be reported on your 1999 tax return. These reportable transactions will appear on your January statement.

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LIGATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Realized Monthly Capital Gains and Losses

Quantity	Security Description	Date of Acquisition	Date of Liquidation	Sales Price	Cost Basis	Gain or (Loss)
100	CENTRAL PARKING CORP	03/18/99	12/27/99	1,937.33	3,468.85	(1,531.52)
500	GLOBAL MARINE INC NEW	01/27/99	12/16/99	7,288.86	4,628.41	2,660.45
8	MFS CAP OPP FD CL C	10/11/99	12/16/99	163.39	151.99	11.40

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Curre Yiel %
	Cash and Money Funds									
1,758	CMA MONEY FUND		1.00	1,758	1.00	1,758			92	5.26

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	C
	Equities										
100	** AMERICA ONLINE INC DEL	AOL		12/27/99	79.06	7,906	75.87	7,587	(318)		
100	** APPLIED MATERIAL INC	AMAT		02/10/99	64.22	6,422	126.68	12,668	6,246		
50	** BROADCOM CORP CALIF CL A	BRCM		09/07/99	131.23	6,561	272.37	13,618	7,057		
135	GLOBAL CROSSING LTD	GBLX		10/14/99	36.60	4,941	50.00	6,750	1,809		
500	** GLOBAL MARINE INC NEW	GLM		01/27/99	9.25	4,628	16.62	8,312	3,684		
1,000	LCC INTERNATIONAL INC	LCCI		02/17/99	5.06	5,068	19.93	19,937	14,869		
	Total Equities					35,529		68,874	33,347		
	Mutual Funds and Defined Asset Funds										
	Mutual Funds - Equity										
199	DELAWARE SELECT GROWTH FUND CL C			08/26/99	25.89	5,153	36.57	7,277	2,124		
	(.2530 FRACTIONAL SHARE)			N/A	N/A	N/A	36.57	9	N/A		
	Total Client Investment			$4,981							
	Investment Return			$2,295							
	Total Mutual Funds - Equity					5,153		7,286	2,124		

LICATE MERRILL LYNCH STATEMENT STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD

Schedule 5
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MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA® ACCOUNT

RACHEL C CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income
	Total Mutual Funds					5,153		7,286	2,124	
	Total of Long Portfolio					42,440*		77,919	35,471 *	92

DATE ACQUIRED: Date of your initial investment in this fund.
UNIT COST BASIS: Average cost basis for all shares owned
UNREALIZED GAIN or (LOSS): Total market value minus total cost basis

TOTAL CLIENT INVESTMENT: Cost of shares directly purchased (excluding shares purchased through reinvestment)
INVESTMENT RETURN: Value of reinvested shares plus capital appreciation(depreciation) of all shares purchased, including through reinvestment.

* - Excludes N/A Items

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Security Transactions			
12/16	Divd Reinv	3	DELAWARE SELECT GROWTH FUND CL C REINV AMOUNT $125.99 REINV PRICE $34.39000 QUANTITY BOT 3.6640			
12/16	Journal Entry	1	AS OF 12/10 DELAWARE SELECT GROWTH FUND CL C FULL SHARE ACCUM			
12/16	Journal Entry	1	DELAWARE SELECT GROWTH FUND CL C FULL SHARE ACCUM			
12/21	Sale	-500	GLOBAL MARINE INC NEW	15.000		7,288.86

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Monthly Activity

Date		Transaction	Quantity	Description	Price	Debit	Credit
				Security Transactions			
12/21	*	Sale	-8	MFS CAP OPP FD CL C FRAC SHR QUANTITY .737 DEFERRED SALES CHARGE AP PRICE 21.300000	21.300		179.09
12/30		Purchase	100	AMERICA ONLINE INC DEL	78.500	7,906.35	
12/30	*	Sale	-100	CENTRAL PARKING CORP PRICE 19 15/16	19.937		1,937.33
				Net Total			**1,498.93**
				Dividends and Interest			
12/15	*	Lg Tm Cap Gain		DELAWARE SELECT GROWTH FUND CL C			29.79
12/15	*	Sh Tm Cap Gain		DELAWARE SELECT GROWTH FUND CL C			125.99
12/20	*	Lg Tm Cap Gain		MFS CAP OPP FD CL C			1.02
12/20	*	Sh Tm Cap Gain		MFS CAP OPP FD CL C			1.35
12/31		Share Dividend	10	CMA MONEY FUND			
12/31		Cash Dividend		CMA MONEY FUND FROM 11-25 THRU 12-31			.27
		Income Total		CMA MONEY FUND			10.00
				Net Total			**168.42**

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Other Activity			
12/15	Reinvestment		DELAWARE SELECT GRDWTH FUND CL C		29.79	
12/15	Reinvestment		DELAWARE SELECT GROWTH FUND CL C		125.99	
12/16	Divd Reinv		DELAWARE SELECT GROWTH FUND CL C REINV AMOUNT $29.79 REINV PRICE $34.39000 QUANTITY BOT .8660 AS OF 12/10			
			Net Total		155.78	

Tax Information Summary

	This Statement	Year-to-Date
Accrued Interest Paid		
Tax-Exempt		
Reportable		10.70
Accrued Interest Received		
Tax-Exempt		
Reportable		
Gross Proceeds	9,405 28	32,554.39

Although we provide complete year-to-date information for Reportable Accrued Interest Received, Accrued Interest Paid and Tax-Exempt Accrued Interest Received and Paid include only those months we produce your profit and loss statement.

LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

MERRILL LYNCH CMA® ACCOUNT

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MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
11/26	Opening Balance					.99CR	246
12/15	* Lg Tm Cap Gain		DELAWARE SELECT GROWTH FUND CL C		29.79CR		
12/15	Reinvestment		DELAWARE SELECT GROWTH FUND CL C		29.79		
12/15	* Sh Tm Cap Gain		DELAWARE SELECT GROWTH FUND CL C		125.99CR		
12/15	Reinvestment		DELAWARE SELECT GROWTH FUND CL C		125.99	.99CR	246
12/16	Divd Reinv	3	DELAWARE SELECT GROWTH FUND CL C REINV AMOUNT $125.99 REINV PRICE $34.39000 QUANTITY BOT 3.6640 AS OF 12/10				
12/16	Journal Entry	1	DELAWARE SELECT GROWTH FUND CL C FULL SHARE ACCUM				
12/16	Divd Reinv		DELAWARE SELECT GROWTH FUND CL C REINV AMOUNT $29.79 REINV PRICE $34.39000 QUANTITY BOT .8660 AS OF 12/10				
12/16	Journal Entry	1	DELAWARE SELECT GROWTH FUND CL C FULL SHARE ACCUM			.99CR	246
12/20	* Lg Tm Cap Gain		MFS CAP OPP FD CL C		1.02CR		
12/20	* Sh Tm Cap Gain		MFS CAP OPP FD CL C		1.35CR	3.36CR	246
12/21	* Sale	-500	GLOBAL MARINE INC NEW	15.000	7,288.86CR		

LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
12/21	• Sale	-8	MFS CAP OPP FD CL C FRAC SHR QUANTITY .737 DEFERRED SALES CHARGE AP PRICE 21.300000	21.300	179.09CR		
					7,471.00	7,471.31CR .31CR	246 7,717
12/22	Purchase	7,471	CMA MONEY FUND	78.500	7,906.35		
12/30	Purchase	100	AMERICA ONLINE INC DEL	19.937	1,937.33CR		
12/30	• Sale	-100	CENTRAL PARKING CORP PRICE 19 15/ 16		5,969.00CR	29CR	1,748
12/30	Sale	-5,969	CMA MONEY FUND				
12/31	Share Dividend	10	CMA MONEY FUND		.27CR		
12/31	Cash Dividend		CMA MONEY FUND FROM 11-25 THRU 12-31		.56CR	.56CR	1,758
12/31	Closing Balance						

Customer Service

For information about your account, please call 1-800-MER-LINK (1-800-637-5465). To report Lost or Stolen Visa Cards or Checks, please call 1-800-262-5678. When requested, enter your Access Code 92-576-39244

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MERRILL LYNCH CMA® ACCOUNT

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MASTER FINANCIAL
SERVICE

RACHEL C CLEMENT C/F

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-LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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1999 ENHANCED TAX REPORTING STATEMENT

MARY ELIZABETH CLEMENT C/F
ROBERT N CLEMENT UTMA/VA
UNTIL AGE 21
8202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

Your Financial Consultant 3517
GARY D BAKER
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

Payer:
Merrill Lynch,
Pierce, Fenner & Smith Inc
300 Davidson Ave
Somerset, NJ 08873
Federal Identification Number 13-5674085

1099-DIV 1999 Dividends and Distributions (OMB NO. 1545-0110)

		Amount
1	Ordinary Dividends	1,261.02
2a	Total Capital Gain Distributions	1,100.28
2b	28% Rate Gain	0.00
2c	Unrecap. Sec. 1250 Gain	0.00
2d	Section 1202 Gain	0.00
3	Non-Taxable Distributions	0.00
4	**Federal Income Tax Withheld**	**0.00**
5	Investment Expenses	0.00
6	Foreign Tax Paid	4.73
7	Foreign Country or U.S. Possession	VARIOUS
8	Liquidation Distributions Cash	0.00
9	Liquidation Distributions Non-Cash (Fair Market Value)	0.00

See Page 3 of the Tax Guide for an Explanation.

1099-INT 1999 Interest Income (OMB NO. 1545-0112)

		Amount
1	Interest Income Not included in Line 3	0.00
2	Early Withdrawal Penalty	0.00
3	Interest on U.S. Savings Bonds and Treasury Obligations	0.00
4	**Federal Income Tax Withheld**	**0.00**
5	Investment Expenses	0.00
6	Foreign Tax Paid	0.00
7	Foreign Country or U.S. Possession	
	* Total Reportable Interest is the Sum of Lines 1 and 3..	0.00

See Page 5 of the Tax Guide for an Explanation

Summary of 1999 Original Issue Discount Items

		Amount
1	Original Issue Discount	0.00 **
6	Original Issue Discount on Treasury Obligations	0.00 **
	Total Original Issue Discount is the Sum of Lines 1 and 6	0.00 **

**Amounts of Original Issue Discount are individually reported to the IRS Refer to the 1999 Original Issue Discount detail section of this statement

See Page 7 of the Tax Guide for an Explanation.

Summary of 1999 Proceeds from Broker & Barter Exchange Transactions

		Amount
2	Gross Proceeds Less Commissions	24,707.45
4	**Federal Income Tax Withheld**	**0.00**

Gross Proceeds from each of your 1999 securities trades are individually reported to the IRS Refer to the 1999 Gross Proceeds detail section of this statement.

See Page 8 of the Tax Guide for an Explanation

This is important tax information and is being furnished to the Internal Revenue Service If you are required to file a return, a negligence penalty or other sanctions may be imposed on you if this income is taxable and the IRS determines that it has not been reported

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You may reach a Tax Representative at 1-(800) MER-ACCT (1-800-637-2228).

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1999 ENHANCED TAX REPORTING STATEMENT

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MARY ELIZABETH CLEMENT C/F

1099-B 1999 PROCEEDS FROM BROKER & BARTER EXCHANGE TRANSACTIONS (OMB NO. 1545-0715)

Security Description	Cusip Number	Quantity	Transaction Description	Trade Date	Amount Withheld	Line 2 1099-B Gross Proceeds*	Remarks
GLOBAL MARINE INC NEW	379352404	500	SALE	12/28/99		8,314.37	
OFFICE DEPOT INC	676220106	150	SALE	08/05/99		2,390.44	
MASS INVESTORS GROWTH STOCK FUND CLASS C	575719307	239	SALE	06/16/99		3,908.87	
MFS UTILITIES FUND SER TR VI UTILS CL C	552986705	442	SALE	12/29/99		5,513.44	
MFS CAP OPP FD CL C	552988800	5	SALE	09/21/99		89.96	
		233	SALE	12/28/99		4,490.37	
				Subtotal		4,580.33	
TOTAL GROSS PROCEEDS						24,707.45	
TOTAL FEDERAL INCOME TAX WITHHELD					0.00		

* Gross Proceeds and above transaction details from each of your 1999 securities trades are individually reported to the IRS (less commissions). See page 8 of the Tax Guide for an explanation.

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1999 ENHANCED TAX REPORTING STATEMENT

MARY ELIZABETH CLEMENT C/F

1999 DIVIDENDS AND DISTRIBUTIONS

DIVIDENDS

Security Description	Quantity	Date	Transaction Description	Debit	Credit	Remarks
PFIZER INC DEL PV$0.05	30	03/11/99	DIVIDEND		6.60	
	30	06/10/99	DIVIDEND		6.60	
	90	09/09/99	DIVIDEND		7.20	
	90	12/09/99	DIVIDEND		7.20	
			Subtotal		**27.60**	
VOLKSWAGEN A G SPONS ADR	300	06/11/99	FOREIGN DIVIDEND		47.27	
		06/11/99	FOREIGN TAX	4.73		
SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D		11/23/99	SHORT TERM CAPITAL GAIN		131.51	
MFS UTILITIES FD CL C		03/02/99	DIVIDEND		4.03	
		04/05/99	DIVIDEND		5.32	
		05/04/99	DIVIDEND		5.54	
		06/02/99	DIVIDEND		4.29	
		07/02/99	DIVIDEND		4.54	
		08/03/99	DIVIDEND		3.82	
		09/02/99	DIVIDEND		4.10	
		10/04/99	DIVIDEND		4.32	
		11/02/99	DIVIDEND		4.25	
		12/02/99	DIVIDEND		4.13	
		12/21/99	SHORT TERM CAPITAL GAIN		332.90	
		12/31/99	DIVIDEND		4.03	
			Subtotal		**381.27**	
MFS CAP OPP FD CL C		12/20/99	SHORT TERM CAPITAL GAIN		428.02	
CMA FUND		JAN	DIVIDEND		122.49	
		FEB	DIVIDEND		61.55	
		MAR	DIVIDEND		13.40	
		APR	DIVIDEND		14.87	

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MARY ELIZABETH CLEMENT C/F

1999 DIVIDENDS AND DISTRIBUTIONS

Security Description	Quantity	Date	Transaction Description	Debit	Credit	Remarks
DIVIDENDS						
CMA FUND		MAY	DIVIDEND		10.07	
		JUN	DIVIDEND		8.55	
		JUL	DIVIDEND		9.15	
		AUG	DIVIDEND		3.70	
		SEP	DIVIDEND		1.11	
		DEC	DIVIDEND		.46	
			Subtotal		245.35	
FEDERAL INCOME TAX WITHHELD				0.00		
TOTAL FOREIGN TAX PAID (LINE 6 1099-DIV)				4.73		
TOTAL INVESTMENT EXPENSES (LINE 5 1099-DIV)					0.00	
TOTAL ORDINARY DIVIDENDS (LINE 1 1099-DIV)					1,261.02	
CAPITAL GAIN DISTRIBUTIONS						
SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D		11/23/99	LONG TERM CAPITAL GAIN		668.35	
MFS UTILITIES FUND SER TR VI UTILS CL C		12/21/99	LONG TERM CAPITAL GAIN		109.28	
MFS CAP OPP FD CL C		12/20/99	LONG TERM CAPITAL GAIN		322.65	
TOTAL 20% RATE CAPITAL GAIN DISTRIBUTIONS					1,100.28	

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MARY ELIZABETH CLEMENT C/F

1999 DIVIDENDS AND DISTRIBUTIONS

Security Description	Quantity	Date	Transaction Description	Debit	Credit	Remarks
CAPITAL GAIN DISTRIBUTIONS						
FEDERAL INCOME TAX WITHHELD				0.00		
TOTAL CAPITAL GAIN DISTRIBUTIONS (LINE 2A 1099-DIV)					1,100.28	
TOTAL FEDERAL INCOME TAX WITHHELD (LINE 4 1099-DIV)				0.00		

IMPORTANT TAX INFORMATION

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanctions may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

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1999 ENHANCED ANNUAL STATEMENT SUMMARY

MARY ELIZABETH CLEMENT C/F
ROBERT N CLEMENT UTMA/VA
UNTIL AGE 21
8202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

Your Financial Consultant 3517
GARY D BAKER
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

1999 INCOME SUMMARY

Reportable Dividends	1,261.02 *
Reportable Interest	0.00
Non-Reportable Money Fund Dividends	0.00
Non-Reportable Div./Limited Partnership Div.	0.00
Non-Reportable Interest	0.00
Non-Reportable OID	0.00
* Total	1,261 02
Accrued Interest Paid	0.00
Foreign Tax Paid - Dividends	4.73
Foreign Tax Paid - Interest	0.00
Margin Interest Charged	0.00

* Includes Reportable CMA Money Fund Dividends

1999 FINANCIAL MARKET INDICATORS

INDICATOR	PERCENTAGE CHANGE (%)
CMA Tax-Exempt Fund	3.20
CMA Money Fund	5.40
3-Month Treasury Bills	4.85
Long-Term Treasury Bonds	-9.25
Long-Term Municipal Bonds	-6.34
Dow Jones Industrials	25.22
Standard & Poor's 500	19.53
NYSE Composite	9.15
NASDAQ Composite	85.50

REALIZED CAPITAL GAIN AND LOSS SUMMARY *

	GAINS	LOSSES	NET
SHORT-TERM	4,633.09	(1,088.84)	3,544.25
LONG-TERM - 20%	0.00	0.00	0.00

CAPITAL GAIN DISTRIBUTIONS

28% Rate Gain	0.00	20% Rate Gain	1,100.28
Unrecap. Sec. 1250 Gain	0.00	Section 1202 Gain	0.00

* Excludes Transactions For Which We Have Insufficient Data

ur 1999 Annual Statement Summary information is a personal summary of your account activity provided exclusively for our select clients. Data from Forms 1099, the definitive information for tax rposes, is repeated in this summary for your convenience. The gain (loss) calculations and tax-exempt income data are provided to facilitate your review and are not reported to the IRS. The gain ss) information may not include return of capital, sales load deferral or wash sales adjustments, or transactions that settled after December 31, 1999. In calculating gain (loss), unless otherwise ted, it was assumed that the oldest position was liquidated first, and that an election was in effect to amortize the premium paid on the purchase of taxable bonds. The cost basis for most Original ue Discount ("OID") obligations includes the accretion of OID. Note the accrued OID shown in this section may differ from the Form 1099-OID section of the Tax Reporting statement. Securities ributed from a retirement account reflect cost basis rather than tax basis. Other methods for calculating gain (loss) are available. Please consult your tax advisor for more information.

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MARY ELIZABETH CLEMENT C/F

1999 CAPITAL GAIN AND LOSS TRANSACTIONS

SHORT TERM CAPITAL GAINS

Quantity	Security Description	Date of Acquisition or Cover of Short	Date of Liquidation or Short Sale	Sales Price	Cost Basis	Gain or (Loss)
500	GLOBAL MARINE INC NEW	01/27/99	12/28/99	8,314.37	4,628.41	3,685.96
187	MASS INVSTS GR STK CL C	02/03/99	06/16/99	3,048.09	2,986.13	61.96
10	MASS INVSTS GR STK CL C	02/08/99	06/16/99	162.99	155.09	7.90
1	MASS INVSTS GR STK CL C	02/11/99	06/16/99	16.30	15.51	.79
10	MASS INVSTS GR STK CL C	03/08/99	06/16/99	163.00	158.39	4.61
1	MASS INVSTS GR STK CL C	03/11/99	06/16/99	16.30	15.84	.46
10	MASS INVSTS GR STK CL C	05/10/99	06/16/99	163.00	158.79	4.21
10	MASS INVSTS GR STK CL C	06/07/99	06/16/99	163.01	161.60	1.41
272	MFS UTILITIES FD CL C	02/03/99	12/29/99	3,391.85	2,888.37	503.48
15	MFS UTILITIES FD CL C	02/08/99	12/29/99	187.05	157.64	29.41
1	MFS UTILITIES FD CL C	02/11/99	12/29/99	12.47	10.51	1.96
15	MFS UTILITIES FD CL C	03/08/99	12/29/99	187.05	157.94	29.11
1	MFS UTILITIES FD CL C	03/11/99	12/29/99	12.47	10.53	1.94
14	MFS UTILITIES FD CL C	04/12/99	12/29/99	174.58	157.50	17.08
2	MFS UTILITIES FD CL C	04/15/99	12/29/99	24.94	22.50	2.44
15	MFS UTILITIES FD CL C	05/10/99	12/29/99	187.05	170.85	16.20
14	MFS UTILITIES FD CL C	06/07/99	12/29/99	174.58	163.38	11.20
13	MFS UTILITIES FD CL C	07/12/99	12/29/99	162.11	154.96	7.15
2	MFS UTILITIES FD CL C	07/15/99	12/29/99	24.94	23.84	1.10
15	MFS UTILITIES FD CL C	08/09/99	12/29/99	187.05	169.50	17.55
15	MFS UTILITIES FD CL C	09/13/99	12/29/99	187.05	173.83	13.22
10	MFS UTILITIES FD CL C	12/06/99	12/29/99	124.70	117.30	7.40
28	MFS UTILITIES FD CL C	12/22/99	12/29/99	349.17	328.44	20.73
10	MFS UTILITIES FD CL C	12/22/99	12/29/99	124.71	117.30	7.41
206	MFS CAP OPP FD CL C	06/16/99	12/28/99	3,970.02	3,806.88	163.14
9	MFS CAP OPP FD CL C	08/09/99	12/28/99	173.45	161.90	11.55
8	MFS CAP OPP FD CL C	09/13/99	12/28/99	154.18	150.88	3.30
1	MFS CAP OPP FD CL C	09/16/99	12/28/99	19.28	18.86	.42
			SUBTOTAL	21,875.76	17,242.67	4,633.09

6444 Note: Capital gains and losses in this statement are not reported to the IRS.

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LIGHT MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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1999 ENHANCED ANNUAL STATEMENT SUMMARY

MARY ELIZABETH CLEMENT C/F

1999 CAPITAL GAIN AND LOSS TRANSACTIONS

SHORT TERM CAPITAL LOSSES

Quantity	Security Description	Date of Acquisition or Cover of Short	Date of Liquidation or Short Sale	Sales Price	Cost Basis	Gain or (Loss)
150	OFFICE DEPOT INC	02/08/99	08/05/99	2,390.44	3,471.29	(1,080.85)
10	MASS INVSTS GR STK CL C	04/12/99	06/16/99	163.00	165.50	(2.50)
5	MFS CAP OPP FD CL C	06/16/99	09/21/99	87.52	92.39	(4.87)
8	MFS CAP OPP FD CL C	07/12/99	12/28/99	154.17	154.72	(.55)
1	MFS CAP OPP FD CL C	07/15/99	12/28/99	19.27	19.34	(.07)
			SUBTOTAL	2,814.40	3,903.24	(1,088.84)
			NET SHORT TERM CAPITAL GAIN (LOSS) TOTAL			3,544.25

8945 Note: Capital gains and losses in this statement are not reported to the IRS

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INSTRUCTIONS FOR RECIPIENT - READ CAREFULLY

'he amounts listed on this form represent interest, dividend and/or gross proceeds payments made or redited to you through your account during the calendar year indicated on this form, as well as any riginal issue discount accrued during the calendar year

Real Estate Mortgage Investment Conduits (REMIC's) and other Collateralized Debt Obligations (CDO's) must report interest income or original issue discount paid or accrued during the tax year to a regular nterest holder If you are a holder of a REMIC and/or CDO obligation, such interest income or original ssue discount will not be reflected on the Form 1099-INT or 1099-OID appearing on this Tax Reporting Statement because the payer will not have received the information in time for it to be included such information will be sent separately to you for inclusion on your income tax return

' you are an investor in a limited partnership, information concerning your distributive share of the artnership's taxable income or loss (Form 1065, Schedule K-1) will not appear on the Tax Reporting Statement Such information will be sent separately to you for inclusion on your income tax return

' you are an investor in a Royalty Trust, information concerning your income derived from Royalty rust issues will be reported on Form 1099-MISC and will not appear on the Tax Reporting Statement such information will be sent to you separately for inclusion on your income tax return

Nominees - If your Federal identification number is shown on this form and the form includes amounts belonging to another person, you are considered a nominee recipient You must file Form 1099-DIV, 1099-INT, 1099-OID or 1099-B, as applicable, for each of the other owners to show their share of the income, and you must furnish a Form 1099-DIV, 1099-INT, 1099-OID or 1099-B to each A husband or wife is not required to file a nominee return to show amounts owned by the other See the instructions for Forms 1099, 1098, 5498 and W-2G

1099-DIV DIVIDENDS AND DISTRIBUTIONS
OMB No 1545-0110

Caution: If an amount appears on Line 2a, you must report it on Schedule D (Form 1040). You may not file Form 1040A

Line 1 - Ordinary dividends, which include any net short-term capital gains from a mutual fund, are fully taxable Include this amount on the "Ordinary Dividends" Line of Form 1040 or 1040A Also report it on Schedule B (Form 1040) or Schedule 1 (Form 1040A) as appropriate This amount includes any amount shown on Line 5 The amount shown may be a distribution from an employee stock ownership plan (ESOP) Report it as a dividend on your income tax return but treat it as a plan distribution, not as investment income, for any other purpose

Line 2a - Total capital gain distributions (long-term) from a regulated investment company or real estate investment trust Amounts shown on lines 2b, 2c and 2d are included in box 2a If no amount is shown in boxes 2b-2d and your only capital gains and losses are capital gain distributions, see the Form 1040 instructions for the "Capital gain or (loss) line If any amount is shown in boxes 2b-2d, report the amount in box 2a on Schedule D (Form 1040), Part II.

Line 2b - 28% rate gain Report this amount on Schedule D (Form 1040), Part II

Line 2c - Unrecaptured section 1250 gain from certain depreciable real property. Report this amount on line 11 of the Unrecaptured section 1250 Gain Worksheet in the instructions for Schedule D Form 1040)

Line 2d - Section 1202 gain from certain small business stock may be subject to a 50% exclusion See the Schedule D (Form 1040) instructions

Line 3 - This part of the distribution is nontaxable because it is a return of your cost (or other basis) You must reduce your cost (or other basis) by this amount for figuring gain or loss when you sell your stock But if you get back all your cost (or other basis), you must report future nontaxable distributions as capital gains, even though this form shows them as nontaxable. For more information see Publication 550, Investment Income and Expenses

Line 5 - Any amount shown is your share of expenses of a nonpublicly offered regulated investment company, generally a nonpublicly offered mutual fund If you file Form 1040, you may deduct these expenses on the "Other expenses" Line on Schedule A (Form 1040) subject to the 2% limit This amount is included on Line 1

Lines 8 and 9 - Show cash and noncash liquidating distributions

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1099-INT INTEREST INCOME
(OMB No. 1545-0112)

Line 1 - Shows interest paid to you during the calendar year by the payer This does not include interest shown on Line 3

Line 2 - Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this on the "Penalty on early withdrawal of savings" Line of Form 1040

Line 3 - Shows interest on U S Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes This may or may not be all taxable See Publication 550, Investment Income and Expenses This interest is exempt from state and local income taxes This interest is not included on Line 1.

Line 5 - Any amount shown is your share of investment expenses If you file Form 1040, you may deduct these expenses on the "Other Expenses" line of Schedule A (Form 1040) subject to the 2% limit This amount is included in Line 1

If you receive a Form 1099-INT for interest paid on a tax-exempt obligation, please see the instructions for your income tax return

1099-OID ORIGINAL ISSUE DISCOUNT
(OMB No 1545-0117)

Original issue discount (OID) is the excess of an obligation's stated redemption price at maturity over its issue price (acquisition price for a stripped bond or coupon) OID is taxable as interest over the life of the obligation. If you are the holder of an OID obligation, generally you must include an amount of OID in your gross income each year you hold the obligation

Obligations that may have OID include a bond, debenture, note, certificate, or other evidence of indebtedness having a term of more than 1 year For example, the OID rules may apply to certificates of deposit (CDs), time deposits, bonus savings plans, and other deposit arrangements, especially if the payment of interest is deferred until maturity. In addition, the OID rules apply to Treasury inflation-indexed securities However, OID on Treasury obligations is exempt from state and local income taxes

Line 1 - Shows the OID on the obligation for the part of the year you owned it Report the entire amount in Line 1 as interest income on your income tax return However, if you paid acquisition or bond premium, or if the obligation is a stripped bond or stripped coupon, you must compute your proper amount of OID. If you must compute your proper OID, see Pub. 1212, List of Original Issue Discount Instruments, to figure the correct OID to report on your tax return

Line 6 - Shows OID on a U S. Treasury obligation for the part of the year you owned it Report this amount on your Federal income tax return, and see Pub 1212 to figure any appropriate adjustments to this amount. This OID is exempt from state and local income taxes and is not included in Line 1

1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS
(OMB No. 1545-0715)

The amounts shown under the heading "GROSS PROCEEDS LESS COMMISSIONS" are the proceeds from transactions (including short sales) involving stocks, bonds, other debt obligations, and other securities Report this amount on Schedule D (Form 1040).

In the detailed listing of gross proceeds transactions, the "TRADE DATE" rather than the "SETTLEMENT DATE," is the date of disposition for Federal income tax purposes The "CUSIP" column contains the CUSIP number (i e the security identification number) of the item reported. The "SECURITY DESCRIPTION" column contains a brief description of the item for which the proceeds are being reported.

Backup Withholding

Persons not furnishing their taxpayer identification number to the payer become subject to backup withholding at a 31% rate on certain payments See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding **Include this amount on your income tax return as tax withheld.**

Foreign Tax Paid

You may be able to claim this foreign tax as a deduction or a credit on Form 1040 See your Form 1040 instructions

END OF STATEMENT

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

TOTAL ACCOUNT VALUE AS OF 01/29/1999 $41,065.00

MARY ELIZABETH CLEMENT C/F
ROBERT N CLEMENT UTMA/VA
UNTIL AGE 21
8202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5600

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-WCMA (1-800-637-9262)

Monthly Portfolio Summary

Asset	12/31/98 Value	%	01/29/99 Value	%
Cash/Money Funds	20,017	100	41,065	100
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities				
Mutual Funds				
Options				
Other				
Long Market Value	20,017		41,065	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	20,017		41,065	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	122.49	122.49
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends		
Income Not Reported		
Total	122.49	122.49

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 31,810 Investor Credit Line

NEWS

Enjoy the availability of 24 hour/7 days a week access to customer service, as well as account and market information. Call TOLL FREE8772PRIORITYfor Priority Phone. See your accompanying newsletter for details.

Financial Market Indicators

	This Statement	Last Statement	Previous Year-End
Dow Jones Industrial Average	9358.83	9181.43	9181.43
Three-Month Treasury Bills	4.45%	4.45%	4.45%
Long-Term Treasury Bonds	5.09%	5.09%	5.09%

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Cash Flow Summary

Activity Summary	This Statement	Year-to-Date	Credits	This Statement	Year-to-Date	Debits	This Statement	Year-to-Date
Opening Balance Cash & Money Funds	20,017.74		Sales			Purchases		
			Income	122.49	122.49	Withdrawals		
			Funds Received	20,950.73	20,950.73	Other	25.00	25.00
Net Credits & Debits	21,048.22	21,048.22	Other					
Closing Balance Cash & Money Funds	41,065.96		Total Credits	21,073.22	21,073.22	Total Debits	25.00	25.00

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
	Cash and Money Funds									
41,065	CMA MONEY FUND		1.00	41,065	1.00	41,065			1,880	4.58
	Total Cash/Money Funds			41,065		41,065			1,880	4.58
	Total of Long Portfolio			41,065		41,065			1,880	4.58

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Dividends and Interest			
01/29	Share Dividend	122	CMA MONEY FUND			
01/29	Cash Dividend		CMA MONEY FUND FROM 1-01 THRU 1-28			.49
	Income Total		CMA MONEY FUND SHARE DIVIDEND			122.00
			Net Total			122.49
			Funds Received			
01/07	Funds Received		CASHIER CHK			20,950.73
			Net Total			20,950.73
			Other Activity			
01/06	Annual Charge		CMA INITIAL ANNUAL FEE		25.00	
			Net Total		25.00	

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
12/31	Opening Balance					.74CR	20,017

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL
SERVICE

MARY ELIZABETH CLEMENT C/F

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
01/06	Annual Charge		CMA INITIAL ANNUAL FEE		25.00		
01/06	Sale	-25	CMA MONEY FUND		25.00CR	.74CR	19.992
01/07	Funds Received		CASHIER CHK		20,950.73CR	20,951.47CR	19.992
01/08	Purchase	20,951	CMA MONEY FUND		20,951.00	.47CR	40.943
01/29	Share Dividend	122	CMA MONEY FUND				
01/29	Cash Dividend		CMA MONEY FUND		.49CR		
			FROM 1-01 THRU 1-28				
01/29	**Closing Balance**				**.96CR**	**.96CR**	**41,065**

Customer Service

For information about your account, please call 1-800-MER-LINK (1-800-837-5465). To report Lost or Stolen Visa Cards or Checks, please call 1-800-262-5678. When requested, enter your Access Code 92-576-39245.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Agreement Regarding Your Securities Account and Other Important Information

You, the Client, and we, Merrill Lynch, Pierce, Fenner & Smith Inc., agree as follows:

1) All transactions in your account are subject to the constitution, rules, regulations, customs, usages, rulings and interpretations of the exchange or market, and its clearing house, if any, where the transactions are executed, and if not executed on any exchange, the National Association of Securities Dealers, Inc.

2) Unless you give us other instructions, we will hold for your account any securities you purchase and the proceeds of any securities you sell.

3) We will direct your order for a multi-listed security or option to the market place we consider to be the primary market for that security, unless you give us specific instructions to direct the order elsewhere.

4) We will hold bonds and preferred stocks in bulk segregation (except for those held in custodian accounts). In the event of a call for less than an entire issue or series of those securities, the securities to be called will be automatically selected on a random basis from those held in bulk. The probability that your holdings will be selected is proportional to the amount of your holdings relative to those of other customers.

5) If you have any obligations to us we can, subject to applicable rules and regulations of regulatory bodies, without notifying you, take any of the following actions with any or all securities in your account, including securities you may acquire or deposit to secure your account

We can pledge, repledge, hypothecate, or rehypothecate the securities. They may be commingled with securities carried for the accounts of other customers.

We can lend the securities.

We can deliver the securities on contracts for other customers even if we do not have in our possession and control a like amount of similar securities for delivery.

We can take any of these actions until you have discharged all your obligations to us. The amount involved in these actions may be more or less than the amount you owe us.

6) We are not responsible for the loss or destruction of securities that are placed in the custody of a foreign bank or broker or other custodian, and are lost or destroyed as a result of war, civil commotion, enemy action, government acts or any other causes beyond the control of the depository or us.

7) This statement of account shall be deemed conclusive if not objected to within ten (10) days.

8) We can transfer your account to anyone by assignment, merger, consolidation or otherwise, unless you give us written notice to the contrary at the time. This agreement will inure to the benefit of anyone to whom we transfer the accounts. Nothing contained in this paragraph shall affect your right to transfer your account under NYSE Rule 412.

Insurance

We are a member of the Securities Investor Protection Corporation (SIPC). The securities held in your account are covered by SIPC protection and excess-SIPC protection obtained by Merrill Lynch. For details, refer to the Program Description for your account, if applicable, or speak with your Financial Consultant. We are not a bank, and the securities offered by us, unless otherwise indicated, are not backed or guaranteed by any bank nor are they insured by the FDIC.

Merrill Lynch, Pierce, Fenner & Smith Inc.
World Financial Center
North Tower
New York, N.Y. 10281-1332
Member, Securities Investor Protection Corporation (SIPC)

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Page	Statement Period	Account No.
13 OF 14	01/01/99 TO 01/29/99	

Other Important Information

(1) You will have the right to vote full shares, and we will solicit instructions concerning the voting of full shares held in your account, if such instructions are not received by us on a timely basis, the voting shares in your account will be governed by the rules and policies of the New York Stock Exchange and the Securities and Exchange Commission than in effect.

(2) This statement serves as a confirmation of purchases that result from automatic reinvestment transactions, as well as your AIPB transactions, during the statement period.

(3) Insurance policy information is based on data from the insurer that issued the policy. Merrill Lynch is not responsible for the calculation of policy values. Policies are generally not held in your Merrill Lynch account. If Merrill Lynch as custodian or trustee holds a policy that is a security, SIPC protection and excess SIPC protection applies.

(4) As an option customer, please advise your Financial Consultant promptly of any material change in your investment objectives or financial condition. Individual options commission charges have been included in your confirmation; however, a summary of this information will be made available to you upon request.

(5) Our financial statement is available for your personal inspection at our office, or a copy of it will be mailed upon your written request.

Special Note: If your records differ from this information, please notify your Financial Consultant in writing with a copy of the statement noting the discrepancy and, if appropriate, any necessary adjustments will be made.

WCMA Loan Account Activity

Reports important information from Merrill Lynch Business Financial Services Inc. (MLBFS, Inc.) through which the WCMA Line of Credit is made available. Includes information on your Line of Credit Loan Balance, Loan Subject to Interest, and Loan Interest Charged. Interest charges accrue daily during the statement period with each day being deemed to constitute 1/360 of a year. Refer to the WCMA Agreement and documents required by MLBFS for details.

Managed Trust Units

Information for RCMA for Business Retirement Plan clients on units of the Merrill Lynch GIC Managed Trust is reported from information supplied by the Merrill Lynch Trust Company or its agent. Neither the Trust nor its units are held in your Merrill Lynch, Pierce, Fenner & Smith Inc. account and therefore, are not subject to SIPC protection. An annual report will be furnished separately.

Symbols and Abbreviations

*	Interest reported to IRS by Merrill Lynch as required by law.
•	Gross Proceeds reported to the IRS by Merrill Lynch as required by law.
**	Dividends reported to the IRS by Merrill Lynch as required by law.
;	Merrill Lynch maintains a fundamental opinion on this company.
a	Transactions reported to IRS.
A	Transaction you requested required same-day payment - MLPF&S retained last day's dividend to offset cost of advancing payment on your behalf. This transaction was effected through a specialist which is our affiliate. In connection with its market making activity, such specialist may have a long or short position in this stock or in options on this stock and may be on the other side of public orders executed on the exchange.
N/A	Such specialists may have profited or lost in connection with this transaction.
N/C	Value and/or cost data not available.
N/N	Not calculated.
N/N N/O	Non-negotiable securities.
N/O	Non-negotiable securities held registered in your name.
NOCC	Held registered in your name.
N/O CUST	Options Clearing Corporation.
NPC	Non-negotiable Custodian Registration.
	Interests in assets not registered in the name of nor held by us or our nominees and held by you or registered in your name with the issuer or its agent. Merrill Lynch, Pierce, Fenner & Smith Inc. does not control or act as custodian for these investments.
RD	Bonds are changeable from coupon to registered and vice versa without charge.
RG	Bonds registered for both principal and interest.

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MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA® ACCOUNT

MARY ELIZABETH CLEMENT C/F

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

TOTAL ACCOUNT VALUE AS OF 03/26/1999 $41,045.00

MARY ELIZABETH CLEMENT C/F
ROBERT N CLEMENT UTMA/VA
UNTIL AGE 21
6202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5600

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-WCMA (1-800-637-9262)

Monthly Portfolio Summary

Asset	02/26/99 Value	%	03/26/99 Value	%
Cash/Money Funds	4,166	11	3,708	9
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities	24,895	65	27,537	67
Mutual Funds	9,042	24	9,800	24
Options				
Other				
Long Market Value	38,123		41,045	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	38,123		41,045	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	13.40	197.44
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends	10.63	10.63
Income Not Reported		
Total	24.03	208.07

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 3,708 Investor Credit Line

NEWS

Does your financial plan dictate a need for growth? Are you concerned about stock volatility? If so, you may want to consider including Protected Growth assets as part of your investment strategy. See newsletter for details.

Financial Market Indicators

	This Statement	Last Statement	Previous Year-End
Dow Jones Industrial Average	9822.24	9306.58	9181.43
Three-Month Treasury Bills	4.47%	4.66%	4.45%
Long-Term Treasury Bonds	5.59%	5.57%	5.09%

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Cash Flow Summary

Activity Summary	This Statement	Year-to-Date	Credits	This Statement	Year-to-Date	Debits	This Statement	Year-to-Date
Opening Balance Cash & Money Funds	4,186.86		Sales			Purchases	498.00	37,438.65
			Income	24.03	208.07	Withdrawals		
			Funds Received		20,950.73	Other	4.03	29.03
Net Credits & Debits	478.00DR	16,308.88DR	Other					
Closing Balance Cash & Money Funds	3,708.86		Total Credits	24.03	21,158.80	Total Debits	502.03	37,467.68

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
	Cash and Money Funds									
3,708	CMA MONEY FUND		1.00	3,708	1.00	3,708			164	4.43

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Curra Yiel %
	Equities										
1,000	** GLOBAL MARINE INC NEW	GLM		01/27/99	9.25	9,256	11.93	11,937	2,681		
100	** OFFICE DEPOT INC	ODP		02/08/99	34.71	3,471	35.62	3,562	91		
150	** ORACLE CORP $0.01 DEL	ORCL		02/05/99	39.40	5,910	27.50	4,125	(1,785)		
30	** PFIZER INC DEL PV$0.05	PFE		02/09/99	132.37	3,971	135.00	4,050	79	26	
300	** VOLKSWAGEN A G SPONS ADR	VLKAY		02/03/99	16.10	4,832	12.87	3,862	(969)	113	2.
	Total Equities					27,442		27,537	97	139	.
	Mutual Funds and Defined Asset Funds										
	Mutual Funds - Equity										
209	MASS INVESTORS GROWTH STOCK FUND CLASS C (.0530 FRACTIONAL SHARE)			02/03/99	15.93	3,330	15.74	3,289	(40)		
				N/A	N/A	N/A	15.74		N/A		
	Total Client Investment			$3,299							
	Investment Return			($9)							
314	MFS UTILITIES FUND SER TR VI UTILS CL C (.4600 FRACTIONAL SHARE)			02/03/99	10.60	3.331	10.73	3,369	37	68	2
				N/A	N/A	N/A	10.73	4	N/A		2
	Total Client Investment			$3,310							
	Investment Return			$59							

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Curre Yiel %
	Mutual Funds and Defined Asset Funds										
Mutual Funds - Equity											
112	SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D (.5570 FRACTIONAL SHARE)			02/03/99	29.59	3,315	27.86	3,120	(192)		
				N/A	N/A	N/A	27.86	15	N/A		
	Total Client Investment			$3,258							
	Investment Return			($138)							
	Total Mutual Funds - Equity					9,977		9,800	(195)	68	.:
	Total Mutual Funds					9,977		9,800	(195)	68	.:
	Total of Long Portfolio					41,127*		41,045	(98)*	372	.1

DATE ACQUIRED: Date of your initial investment in this fund.
UNIT COST BASIS: Average cost basis for all shares owned
UNREALIZED GAIN or (LOSS): Total market value minus total cost basis

TOTAL CLIENT INVESTMENT: Cost of shares directly purchased (excluding shares purchased through reinvestment)
INVESTMENT RETURN: Value of reinvested shares plus capital appreciation(depreciation) of all shares purchased, including through reinvestment.

* - Excludes N/A items

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MERRILL LYNCH CMA® ACCOUNT

ASTER FINANCIAL
RVICE

MARY ELIZABETH CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Security Transactions			
03/04	Stock Dividend	50	ORACLE CORP $0.01 DEL HOLDING 100.0000			
03/11	Purchase	5	SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D AUTO INVESTMENT PROGR FRAC SHR QUANTITY .931 PRICE 27.990000	27.990	166.01	
03/11	Journal Entry	1	SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D FULL SHARE ACCUM SHARE VALUE $27.99			
03/11	Purchase	10	MASS INVESTORS GROWTH STOCK FUND CLASS C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .480 PRICE 15.840000	15.840	166.00	
03/11	Journal Entry	1	MASS INVESTORS GROWTH STOCK FUND CLASS C FULL SHARE ACCUM SHARE VALUE $15.84			
03/11	Purchase	15	MFS UTILITIES FUND SER TR VI UTILS CL C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .764 PRICE 10.530000	10.530	165.99	
03/11	Journal Entry	1	MFS UTILITIES FUND SER TR VI UTILS CL C FULL SHARE ACCUM SHARE VALUE $10.53			
			Net Total		498.00	

PLEASE SEE REVERSESIDE

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MERRILL LYNCH CMA® ACCOUNT

ASTER FINANCIAL
RVICE

MARY ELIZABETH CLEMENT C/F

Monthly Activity

Date		Transaction	Quantity	Description	Price	Debit	Credit
				Dividends and Interest			
03/02	*	Dividend		MFS UTILITIES FUND SER TR VI UTILS CL C			4.03
03/11	*	Dividend		PFIZER INC DEL PV$0.05 HOLDING 30.0000			6.60
03/26		Share Dividend	13	CMA MONEY FUND			
03/26		Cash Dividend		CMA MONEY FUND FROM 2-26 THRU 3-25			.40
		Income Total		CMA MONEY FUND SHARE DIVIDEND			13.00
				Net Total			24.03
				Other Activity			
03/02		Reinvestment		MFS UTILITIES FUND SER TR VI UTILS CL C		4.03	
03/03		Divd Reinv		MFS UTILITIES FUND SER TR VI UTILS CL C REINV AMOUNT $4.03 REINV PRICE $10.40000 QUANTITY BOT .3880 AS OF 02/26			
				Net Total		4.03	

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 Statement Period 02/27/99 TO 03/26/99 Account No.

010010

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Standing Instructions			
	ORDER TO BUY	MONTHLY	SELGMN COMM&INFO FD CL D	166.00		
	ORDER TO BUY	MONTHLY	MFS UTILITIES FD CL C	166.00		
	ORDER TO BUY	MONTHLY	MASS INVSTS GR STK CL C	166.00		

Tax Information Summary

	This Statement	Year-to-Date
Accrued Interest Paid		
Tax-Exempt		
Reportable		16.05
Accrued Interest Received		
Tax-Exempt		
Reportable		
Gross Proceeds		

Although we provide complete year-to-date information for Reportable Accrued Interest Received, Accrued Interest Paid and Tax-Exempt Accrued Interest Received and Paid include only those months we produce your profit and loss statement.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
02/26	Opening Balance					.88CR	4,186
03/02	* Dividend		MFS UTILITIES FUND SER TR VI UTILS CL C		4.03CR		
03/02	Reinvestment		MFS UTILITIES FUND SER TR VI UTILS CL C		4.03	.86CR	4,186
03/03	Divd Reinv		MFS UTILITIES FUND SER TR VI UTILS CL C REINV AMOUNT $4.03 REINV PRICE $10.40000 QUANTITY BOT .3880 AS OF 02/26			.86CR	4,186
03/04	Stock Dividend	50	ORACLE CORP $0.01 DEL HOLDING 100.0000			.86CR	4,186
03/11	* Dividend		PFIZER INC DEL PV$0.05 HOLDING 30.0000		6.60CR		
03/11	Purchase	5	SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D AUTO INVESTMENT PROGR FRAC SHR QUANTITY .931 PRICE 27.990000	27.990	166.01		
03/11	Journal Entry	1	SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D FULL SHARE ACCUM SHARE VALUE $27.99				
03/11	Purchase	10	MASS INVESTORS GROWTH STOCK FUND CLASS C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .480 PRICE 15.840000	15.840	166.00		

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
03/11	Journal Entry	1	MASS INVESTORS GROWTH STOCK FUND CLASS C FULL SHARE ACCUM SHARE VALUE $15.84				
03/11	Purchase	15	MFS UTILITIES FUND SER TR VI UTILS CL C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .764 PRICE 10.530000	10.530	165.99		
03/11	Journal Entry	1	MFS UTILITIES FUND SER TR VI UTILS CL C FULL SHARE ACCUM SHARE VALUE $10.53				
03/11	Sale	-499	CMA MONEY FUND		498.00CR	7.46CR	3,680
03/12	Purchase	7	CMA MONEY FUND		7.00	.46CR	3,695
03/26	Share Dividend	13	CMA MONEY FUND				
03/26	Cash Dividend		CMA MONEY FUND FROM 2-26 THRU 3-25		.40CR		
03/26	**Closing Balance**				.96CR	.96CR	3,798

Customer Service

For information about your account, please call 1-800-MER-LINK (1-800-637-5465). To report Lost or Stolen Visa Cards or Checks, please call 1-800-262-5678. When requested, enter your Access Code 92-576-39245.

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MERRILL LYNCH CMA® ACCOUNT

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ERVICE

MARY ELIZABETH CLEMENT C/F

eement Regarding Your Securities Account and Other Important Information
, the Client, and we, Merrill Lynch, Pierce, Fenner & Smith Inc., agree as follows:
All transactions in your account are subject to the constitution, rules, regulations, customs, ges, rulings and interpretations of the exchange or market, and its clearing house, if any, re the transactions are executed, and if not executed on any exchange, the National Association Securities Dealers, Inc.
Unless you give us other instructions, we will hold for your account any securities you chase and the proceeds of any securities you sell.
We will direct your order for a multi-listed security or option to the market place we consider e the primary market for that security, unless you give us specific instructions to direct order elsewhere.
We will hold bonds and preferred stocks in bulk segregation (except for those held in custodian ounts). In the event of a call for less than an entire issue or series of those securities, securities to be called will be automatically selected on a random basis from those held in bulk. probability that your holdings will be selected is proportional to the amount of your holdings ilive to those of other customers.
If you have any obligations to us we can, subject to applicable rules and regulations of ulatory bodies, without notifying you, take any of the following actions with any or all securities our account, including securities you may acquire or deposit to secure your account.
We can pledge, repledge, hypothecate, or rehypothecate the securities. They may be commingled with securities carried for the accounts of other customers.
We can lend the securities.
We can deliver the securities on contracts for other customers even if we do not have in our possessions and control a like amount of similar securities for delivery.
can take any of these actions until you have discharged all your obligations to us. The amount ived in these actions may be more or less than the amount you owe us.
We are not responsible for the loss or destruction of securities that are placed in the custody of a ign bank or broker or other custodian, and are lost or destroyed as a result of war, commotion, enemy action, government acts or any other causes beyond the control of the ository or us.
This statement of account shall be deemed conclusive if not objected to within ten (10) days.
We can transfer your account to anyone by assignment, merger, consolidation or otherwise, unless give us written notice to the contrary at the time. This agreement will inure to the benefit of one to whom we transfer the accounts. Nothing contained in this paragraph shall affect your t to transfer your account under NYSE Rule 412.
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are a member of the Securities Investor Protection Corporation (SIPC). The securities held in r account are covered by SIPC protection and excess-SIPC protection obtained by Merrill Lynch. details, refer to the Program Description for your account, if applicable, or speak with your ncial Consultant. We are not a bank, and the securities offered by us, unless otherwise indicated, not backed or guaranteed by any bank nor are they insured by the FDIC.

rill Lynch, Pierce, Fenner & Smith Inc.
fd Financial Center
th Tower
/ York, N.Y. 10281-1332
nbsr, Securities Investor Protection Corporation (SIPC)

Other Important Information
(1) You will have the right to vote full shares, and we will solicit instructions concerning the voting of full shares held in your account. If such instructions are not received by us on a timely basis, the voting shares in your account will be governed by the rules and policies of the New York Stock Exchange and the Securities and Exchange Commission then in effect.
(2) This statement serves as a confirmation of purchases that result from automatic reinvestment transactions, as well as your AIPS transactions, during the statement period.
(3) Insurance policy information is based on data from the insurer that issued the policy. Merrill Lynch is not responsible for the calculation of policy values. Policies are generally not held in your Merrill Lynch account. If Merrill Lynch as custodian or trustee holds a policy that is a security, SIPC protection and excess SIPC protection applies.
(4) As an option customer, please advise your Financial Consultant promptly of any material change in your investment objectives or financial condition. Individual options commission charges have been included in your confirmation; however, a summary of this information will be made available to you upon request.
(5) Our financial statement is available for your personal inspection at our office, or a copy of it will be mailed upon your written request.
Special Note: If your records differ from this information, please notify your Financial Consultant in writing with a copy of the statement noting the discrepancy and, if appropriate, any necessary adjustments will be made.
WCMA Loan/Account Activity
Reports important information from Merrill Lynch Business Financial Services Inc. (MLBFS, Inc.) through which the WCMA Line of Credit is made available. Includes information on your Line of Credi Loan Balance, Loan Subject to Interest, and Loan Interest Charged. Interest charges accrue daily during the statement period with each day being deemed to constitute 1/360 of a year. Refer to the WCMA Agreement and documents required by MLBFS for details.
Managed Trust Units
Information for RCMA for Business Retirement Plan clients on units of the Merrill Lynch GIC Managed Trust is reported from information supplied by the Merrill Lynch Trust Company or its agent Neither the Trust nor its units are held in your Merrill Lynch, Pierce, Fenner & Smith Inc. account and therefore, are not subject to SIPC protection. An annual report will be furnished separately.
Symbols and Abbreviations

	Interest reported to IRS by Merrill Lynch as required by law.
*	Gross Proceeds reported to the IRS by Merrill Lynch as required by law.
*	Dividends reported to the IRS by Merrill Lynch as required by law.
**	Merrill Lynch maintains a fundamental opinion on this company.
:	Transactions reported to IRS.
$	Transaction you requested required same-day payment - MLPF&S retained last day's dividend to offset cost of advancing payment on your behalf.
A	This transaction was effected through a specialist which is our affiliate. In connection with its market making activity, such specialist may have a long or short position in this stock or in options on this stock and may be on the other side of public orders executed on the exchange. Such specialists may have profited or lost in connection with this transaction.
N/A	Value and/or cost data not available.
N/C	Not calculated.
N/N	Non-negotiable securities.
N/N N/O	Non-negotiable securities held registered in your name.
N/O	Held registered in your name.
NOCC	Options Clearing Corporation.
N/O CUST	Non-negotiable Custodian Registration.
NPC	Interests in assets not registered in the name of nor held by us or our nominees and held by you or registered in your name with the issuer or its agent. Merrill Lynch, Pierce, Fenner & Smith Inc. does not control or act as custodian for these investments.
RD	Bonds are changeable from coupon to registered and vice versa without charge.
RG	Bonds registered for both principal and interest.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

TOTAL ACCOUNT VALUE AS OF 04/30/1999 $43,759.00

MARY ELIZABETH CLEMENT C/F
ROBERT N CLEMENT UTMA/VA
UNTIL AGE 21
8202 TREEBROOKE LN
ALEXANDRIA VA 22308-1705

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(815) 747-5500

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-WCMA (1-800-637-9282)

Monthly Portfolio Summary

Asset	03/25/99 Value	%	04/30/99 Value	%
Cash/Money Funds	3,708	9	3,225	7
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities	27,537	67	29,857	68
Mutual Funds	9,800	24	10,676	24
Options				
Other				
Long Market Value	41,045		43,759	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	41,045		43,759	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	14.87	212.31
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends	5.32	15.95
Income Not Reported		
Total	20.19	228.26

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 3,225 Investor Credit Line

NEWS

Merrill Lynch's CMA Visa Signature Program, with its array of travel and reward features, can help safeguard your travel plans. The enclosed newsletter tells how clients have benefited from the CMA Signature Program's medical evacuation coverage.

Financial Market Indicators

	This Statement	Last Statement	Previous Year-End
Dow Jones Industrial Average	10789.04	9786.16	9181.43
Three-Month Treasury Bills	4.53%	4.47%	4.45%
Long-Term Treasury Bonds	5.65%	5.62%	5.09%

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MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA® ACCOUNT

MARY ELIZABETH CLEMENT C/F

Cash Flow Summary

Activity Summary

	This Statement	Year-to-Date
Opening Balance Cash & Money Funds	3,788.86	
Net Credits & Debits	452.14DR	16,752.82DR
Closing Balance Cash & Money Funds	3,335.72	

Credits

	This Statement	Year-to-Date
Sales		
Income	20.19	220.26
Funds Received		20,950.73
Other		
Total Credits	20.19	21,170.99

Debits

	This Statement	Year-to-Date
Purchases	498.01	37,936.66
Withdrawals		
Other	5.32	34.35
Total Debits	503.33	37,971.01

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
	Cash and Money Funds									
	CASH			1		1				
3,224	CMA MONEY FUND		1.00	3,224	1.00	3,224			142	4.41
	Total Cash/Money Funds			3,325		3,325			142	4.41

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Statement Period 03/27/89 TO 06/30/89

Account No.

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PLICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Current Yield %
	Equities										
1.000	** GLOBAL MARINE INC NEW	GLM		01/27/99	9.25	9.256	14.87	14.875	5.619		
150	** OFFICE DEPOT INC	ODP		02/08/99	23.14	3.471	22.06	3,309	(161)		
150	** ORACLE CORP $0.01 DEL	ORCL		02/05/99	39.40	5,910	27.06	4,059	(1,850)		
30	** PFIZER INC DEL PV$0.05	PFE		02/09/99	132.37	3,971	115.06	3,451	(519)	26	.7
300	** VOLKSWAGEN A G SPONS ADR	VLKAY		02/03/99	16.10	4,832	13.87	4,162	(669)	35	.8
	Total Equities					27,442		29,857	2,420	62	.2
	Mutual Funds and Defined Asset Funds										
Mutual Funds - Equity											
219	MASS INVESTORS GROWTH STOCK FUND CLASS C (.0830 FRACTIONAL SHARE)			02/03/99	15.96	3,496	15.81	3,464	(10)		
	Total Client Investment			N/A	N/A	N/A	15.81	1	N/A		
	Investment Return			$3,465							
				$19							
329	MFS UTILITIES FUND SER TR VI UTILS CL C (.7160 FRACTIONAL SHARE)			02/03/99	10.63	3,499	11.36	3,737	239	67	1.8
	Total Client Investment			N/A	N/A	N/A	11.36	6	N/A		1.8
	Investment Return			$3,467							
				$269							

PLICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Curre Yield %
	Mutual Funds and Defined Asset Funds										
Mutual Funds - Equity											
118	SELIGMAN COMMUNICATIONS * & INFORMATION FUND CL D			02/03/99	29.55	3,488	29.12	3,436	(50)		
	(.3170 FRACTIONAL SHARE)			N/A	N/A	N/A	29.12	9	N/A		
	Total Client Investment			$3,402							
	Investment Return			$33							
	Total Mutual Funds - Equity					10,484		10,676	179	67	.6
	Total Mutual Funds					10,484		10,676	179	67	.6
	Total of Long Portfolio					61,152*		63,760	2,999 *	272	.6

DATE ACQUIRED: Date of your initial investment in this fund.
UNIT COST BASIS: Average cost basis for all shares owned
UNREALIZED GAIN or (LOSS): Total market value minus total cost basis

TOTAL CLIENT INVESTMENT: Cost of shares directly purchased (excluding shares purchased through reinvestment)
INVESTMENT RETURN: Value of reinvested shares plus capital appreciation(depreciation) of all shares purchased, including through reinvestment.

* - Excludes N/A items

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Security Transactions			
04/08	Stock Dividend	50	OFFICE DEPOT INC HOLDING 100.0000			
04/15	Journal Entry	1	SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D FULL SHARE ACCUM SHARE VALUE $28.82			
04/15	Purchase	5	SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D AUTO INVESTMENT PROGR FRAC SHR QUANTITY .760 PRICE 28.820000	28.820	166.00	
04/15	Purchase	10	MASS INVESTORS GROWTH STOCK FUND CLASS C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .030 PRICE 16.550000	16.550	166.00	
04/15	Journal Entry	1	MFS UTILITIES FUND SER TR VI UTILS CL C FULL SHARE ACCUM SHARE VALUE $11.25			
04/15	Purchase	14	MFS UTILITIES FUND SER TR VI UTILS CL C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .756 PRICE 11.250000	11.250	166.01	
			Net Total		699.01	

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Dividends and Interest			
04/05	* Dividend		MFS UTILITIES FUND SER TR VI UTILS CL C			5.32
04/30	Share Dividend	14	CMA MONEY FUND			
04/30	Cash Dividend		CMA MONEY FUND FROM 3-26 THRU 4-29			.87
	Income Total		CMA MONEY FUND SHARE DIVIDEND			14.00
			Net Total			20.19
			Other Activity			
04/05	Reinvestment		MFS UTILITIES FUND SER TR VI UTILS CL C		5.32	
04/06	Divd Reinv		MFS UTILITIES FUND SER TR VI UTILS CL C REINV AMOUNT $5.32 REINV PRICE $10.65000 QUANTITY BOT .5000 AS OF 03/31			
			Net Total		5.32	

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PLICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Standing Instructions			
	ORDER TO BUY	MONTHLY	SELGMN COMM&INFO FD CL D	166.00		
	ORDER TO BUY	MONTHLY	MFS UTILITIES FD CL C	166.00		
	ORDER TO BUY	MONTHLY	MASS INVSTS GR STK CL C	166.00		

Tax Information Summary

	This Statement	Year-to-Date
Accrued Interest Paid		
Tax-Exempt		
Reportable		16.05
Accrued Interest Received		
Tax-Exempt		
Reportable		
Gross Proceeds		

Although we provide complete year-to-date information for Reportable Accrued Interest Received, Accrued Interest Paid and Tax-Exempt Accrued Interest Received and Paid include only those months we produce your profit and loss statement.

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PLICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH **CMA®** ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Agreement Regarding Your Securities Account and Other Important Information
You, the Client, and we, Merrill Lynch, Pierce, Fenner & Smith Inc., agree as follows:
1) All transactions in your account are subject to the constitution, rules, regulations, customs, usages, rulings and interpretations of the exchange or market, and its clearing house, if any, where the transactions are executed, and if not executed on any exchange, the National Association of Securities Dealers, Inc.
2) Unless you give us other instructions, we will hold for your account any securities you purchase and the proceeds of any securities you sell.
3) We will direct your order for a multi-listed security or option to the market place we consider to be the primary market for that security, unless you give us specific instructions to direct the order elsewhere.
4) We will hold bonds and preferred stocks in bulk segregation (except for those held in custodian accounts). In the event of a call for less than an entire issue or series of those securities, the securities to be called will be automatically selected on a random basis from those held in bulk. The probability that your holdings will be selected is proportional to the amount of your holdings relative to those of other customers.
5) If you have any obligations to us we can, subject to applicable rules and regulations of regulatory bodies, without notifying you, take any of the following actions with any or all securities in your account, including securities you may acquire or deposit to secure your account.
We can pledge, repledge, hypothecate, or rehypothecate the securities. They may be commingled with securities carried for the accounts of other customers.
We can lend the securities.
We can deliver the securities on contracts for other customers even if we do not have in our possession and control a like amount of similar securities for delivery.
We can take any of these actions until you have discharged all your obligations to us. The amount involved in these actions may be more or less than the amount you owe us.
6) We are not responsible for the loss or destruction of securities that are placed in the custody of a foreign bank or broker or other custodian, and are lost or destroyed as a result of war, civil commotion, enemy action, government acts or any other causes beyond the control of the depository or us.
7) This statement of account shall be deemed conclusive if not objected to within ten (10) days.
8) We can transfer your account to anyone by assignment, merger, consolidation or otherwise, unless you give us written notice to the contrary at the time. This agreement will inure to the benefit of anyone to whom we transfer the account. Nothing contained in this paragraph shall affect your right to transfer your account under NYSE Rule 412.
Insurance
We are a member of the Securities Investor Protection Corporation (SIPC). The securities held in your account are covered by SIPC protection and excess-SIPC protection obtained by Merrill Lynch. For details, refer to the Program Description for your account, if applicable, or speak with your Financial Consultant. We are not a bank, and the securities offered by us, unless otherwise indicated, are not backed or guaranteed by any bank nor are they insured by the FDIC.

Merrill Lynch, Pierce, Fenner & Smith Inc.
World Financial Center
North Tower
New York, N.Y. 10281-1332
Member, Securities Investor Protection Corporation (SIPC)

Other Important Information
(1) You will have the right to vote full shares, and we will solicit instructions concerning the voting of full shares held in your account. If such instructions are not received by us on a timely basis, the voting shares in your account will be governed by the rules and policies of the New York Stock Exchange and the Securities and Exchange Commission then in effect.
(2) This statement serves as a confirmation of purchases that result from automatic reinvestment transactions, as well as your AIPS transactions, during the statement period.
(3) Insurance policy information is based on data from the insurer that issued the policy. Merrill Lynch is not responsible for the calculation of policy values. Policies are generally not held in your Merrill Lynch account. If Merrill Lynch as custodian or trustee holds a policy that is a security, SIPC protection and excess SIPC protection applies.
(4) As an option customer, please advise your Financial Consultant promptly of any material change in your investment objectives or financial condition. Individual options commission charges have been included in your confirmation; however, a summary of this information will be made available to you upon request.
(5) Our financial statement is available for your personal inspection at our office, or a copy of it will be mailed upon your written request.
Special Note: If your records differ from this information, please notify your Financial Consultant in writing with a copy of this statement noting the discrepancy and, if appropriate, any necessary adjustments will be made.
WCMA Loan Account Activity
Reports Important information from Merrill Lynch Business Financial Services Inc. (MLBFS, Inc.) through which the WCMA Line of Credit is made available. Includes information on your Line of Credit Loan Balance, Loan Subject to Interest, and Loan Interest Charged. Interest charges accrue daily during the statement period with each day being deemed to constitute 1/360 of a year. Refer to the WCMA Agreement and documents required by MLBFS for details.
Managed Trust Units
Information for RCMA for Business Retirement Plan clients on units of the Merrill Lynch GIC Managed Trust is reported from information supplied by the Merrill Lynch Trust Company or its agent. Neither the Trust nor its units are held in your Merrill Lynch, Pierce, Fenner & Smith Inc. account and therefore, are not subject to SIPC protection. An annual report will be furnished separately.
Symbols and Abbreviations

*	Interest reported to IRS by Merrill Lynch as required by law.
*	Gross Proceeds reported to the IRS by Merrill Lynch as required by law.
**	Dividends reported to the IRS by Merrill Lynch as required by law.
	Merrill Lynch maintains a fundamental opinion on this company.
	Transactions reported to IRS.
@	Transaction you requested required same-day payment - MLPF&S retained last day's dividend to offset cost of advancing payment on your behalf.
A	This transaction was effected through a specialist which is our affiliate. In connection with its market making activity, such specialist may have a long or short position in this stock or in options on this stock and may be on the other side of public orders executed on the exchange. Such specialists may have profited or lost in connection with this transaction.
N/A	Value and/or cost data not available.
N/C	Not calculated.
N/N	Non-negotiable securities.
N/N N/O	Non-negotiable securities held registered in your name.
N/O	Held registered in your name.
NOCC	Options Clearing Corporation.
N/O CUST	Non-negotiable Custodian Registration.
NPC	Interests in assets not registered in the name of nor held by us or our nominees and held by you or registered in your name with the issuer or its agent. Merrill Lynch, Pierce, Fenner & Smith Inc. does not control or act as custodian for these investments.
RD	Bonds are changeable from coupon to registered and vice versa without charge.
RG	Bonds registered for both principal and interest.

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PLICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL
SERVICE

TOTAL ACCOUNT VALUE AS OF 05/28/1999 $41,708.00

MARY ELIZABETH CLEMENT C/F
ROBERT N CLEMENT UTMA/VA
UNTIL AGE 21
8202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3617
(615) 747-5800

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-LINK

Monthly Portfolio Summary

Asset	04/30/99 Value	%	05/28/99 Value	%
Cash/Money Funds	3,225	7	2,737	7
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities	29,857	68	27,725	66
Mutual Funds	10,676	24	11,246	27
Options				
Other				
Long Market Value	43,759		41,708	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	43,759		41,708	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	10.07	222.38
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends	5.54	21.49
Income Not Reported		
Total	15.61	243.87

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 2,737 Investor Credit Line

NEWS

The industry-wide testing of year 2000 computer preparedness, detailed in last month's newsletters, was completed with virtually no interruptions from Y2K bugs. Merrill Lynch joined some 400 participants in these tests coordinated by the Securities Industry Association and designed to help make the millennium transition a non-event for investors.

Financial Market Indicators

	This Statement	Last Statement	Previous Year-End
Dow Jones Industrial Average	10559.74	10789.04	9181.43
Three-Month Treasury Bills	4.62%	4.53%	4.45%
Long-Term Treasury Bonds	5.82%	5.65%	5.09%

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PLICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Cash Flow Summary

Activity Summary	This Statement	Year-to-Date	Credits	This Statement	Year-to-Date	Debits	This Statement	Year-to-Date
Opening Balance Cash & Money Funds	3,229.73		Sales			Purchases	498.00	38,434.6
			Income	15.61	243.87	Withdrawals		
			Funds Received		20,950.73	Other	5.54	39.8
			Other					
Net Credits & Debits	487.93DR	17,279.95DR						
Closing Balance Cash & Money Funds	2,737.79		Total Credits	15.61	21,194.60	Total Debits	503.54	38,474.5

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
	Cash and Money Funds									
2,737	CMA MONEY FUND		1.00	2,737	1.00	2,737			120	4.41

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Curre Yiel %
	Equities										
1,000	** GLOBAL MARINE INC NEW	GLM		01/27/99	9.25	9,256	14.06	14,062	4,806		
150	** OFFICE DEPOT INC	ODP		02/08/99	23.14	3,471	20.87	3,131	(339)		
150	** ORACLE CORP $0.01 DEL	ORCL		02/05/99	39.40	5,910	24.81	3,721	(2,188)		
30	** PFIZER INC DEL PV$0.05	PFE		02/09/99	132.37	3,971	107.00	3,210	(761)	26	.8
300	** VOLKSWAGEN A G SPONS ADR	VLKAY		02/03/99	16.10	4,832	12.00	3,600	(1,232)	35	.9
	Total Equities					27,442		27,725	284	62	.2
	Mutual Funds and Defined Asset Funds										
Mutual Funds - Equity											
229	MASS INVESTORS GROWTH STOCK FUND CLASS C			02/03/99	15.96	3,655	15.69	3,593	(60)		
	(.5360 FRACTIONAL SHARE)			N/A	N/A	N/A	15.69	8	N/A		
	Total Client Investment			$3,623							
	Investment Return			($30)							
344	MFS UTILITIES FUND SER TR VI UTILS CL C			02/03/99	10.67	3,670	11.51	3,959	290	70	1.7
	(.7780 FRACTIONAL SHARE)			N/A	N/A	N/A	11.51	8	N/A		1.7
	Total Client Investment			$3,627							
	Investment Return			$332							

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Curre Yiel %
	Mutual Funds and Defined Asset Funds										
Mutual Funds - Equity											
123	SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D			02/03/99	29.55	3,635	29.66	3,648	14		
	(.9520 FRACTIONAL SHARE)			N/A	N/A	N/A	29.66	28	N/A		
	Total Client Investment			$3,549							
	Investment Return			$98							
	Total Mutual Funds - Equity					10,961		11,248	244	71	
	Total Mutual Funds					10,961		11,248	244	71	
	Total of Long Portfolio					41,140*		41,708	530 *	253	

DATE ACQUIRED: Date of your initial investment in this fund.
UNIT COST BASIS: Average cost basis for all shares owned
UNREALIZED GAIN or (LOSS): Total market value minus total cost basis

TOTAL CLIENT INVESTMENT: Cost of shares directly purchased (excluding shares purchased through reinvestment)
INVESTMENT RETURN: Value of reinvested shares plus capital appreciation(depreciation) of all shares purchased, including through reinvestment.

* - Excludes N/A items

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Security Transactions			
05/05	Journal Entry	1	MFS UTILITIES FUND SER TR VI UTILS CL C FULL SHARE ACCUM			
05/13	Purchase	5	SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D AUTO INVESTMENT PROGR FRAC SHR QUANTITY .635 PRICE 29.460000	29.460	166.01	
05/13	Purchase	10	MASS INVESTORS GROWTH STOCK FUND CLASS C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .453 PRICE 15.880000	15.880	165.99	
05/13	Purchase	14	MFS UTILITIES FUND SER TR VI UTILS CL C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .574 PRICE 11.390000	11.390	166.00	
			Net Total		498.00	
			Dividends and Interest			
05/04	Dividend		MFS UTILITIES FUND SER TR VI UTILS CL C			5.54
05/28	Share Dividend	10	CMA MONEY FUND			
05/28	Cash Dividend		CMA MONEY FUND FROM 4-30 THRU 5-27			.07
	Income Total		CMA MONEY FUND SHARE DIVIDEND			10.00
			Net Total			19.41

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Other Activity			
05/04	Reinvestment		MFS UTILITIES FUND SER TR VI UTILS CL C		5.54	
05/05	Divd Reinv		MFS UTILITIES FUND SER TR VI UTILS CL C REINV AMOUNT $5.54 REINV PRICE $11.36000 QUANTITY BOT .4880 AS OF 04/30			
			Net Total		5.54	
			Standing Instructions			
	ORDER TO BUY	MONTHLY	SELGMN COMM&INFO FD CL D	166.00		
	ORDER TO BUY	MONTHLY	MFS UTILITIES FD CL C	166.00		
	ORDER TO BUY	MONTHLY	MASS INVSTS GR STK CL C	166.00		

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Tax Information Summary

	This Statement	Year-to-Date
Accrued Interest Paid		
Tax-Exempt		
Reportable		16.05
Accrued Interest Received		
Tax-Exempt		
Reportable		
Gross Proceeds		

Although we provide complete year-to-date information for Reportable Accrued Interest Received, Accrued Interest Paid and Tax-Exempt Accrued Interest Received and Paid include only those months we produce your profit and loss statement.

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
04/30	Opening Balance					1.72CR	3,224
05/03	Purchase	1	CMA MONEY FUND		1.00	.72CR	3,225
05/04	* Dividend		NFS UTILITIES FUND SER TR VI UTILS CL C		5.54CR		
05/04	Reinvestment		NFS UTILITIES FUND SER TR VI UTILS CL C		5.54	.72CR	3,225

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 Statement Period 05/01/99 TO 09/28/99 Account No.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
05/05	Divd Reinv		MFS UTILITIES FUND SER TR VI UTILS CL C REINV AMOUNT $5.54 REINV PRICE $11.36000 QUANTITY BOT .4880 AS OF 04/30				
05/05	Journal Entry	1	MFS UTILITIES FUND SER TR VI UTILS CL C FULL SHARE ACCUM			.72CR	3,225
05/13	Purchase	5	SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D AUTO INVESTMENT PROGR FRAC SHR QUANTITY .635 PRICE 29.460000	29.460	166.01		
05/13	Purchase	10	MASS INVESTORS GROWTH STOCK FUND CLASS C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .453 PRICE 15.880000	15.880	165.99		
05/13	Purchase	14	MFS UTILITIES FUND SER TR VI UTILS CL C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .574 PRICE 11.390000	11.390	166.00		
05/13	Sale	-498	CMA MONEY FUND		498.00CR	.72CR	2.727
05/28	Share Dividend	10	CMA MONEY FUND				
05/28	Cash Dividend		CMA MONEY FUND FROM 4-30 THRU 5-27		.07CR		
05/28	**Closing Balance**				.79CR	.79CR	2,737

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL
SERVICE

MARY ELIZABETH CLEMENT C/F

Customer Service

For information about your account, please call 1-800-MER-LINK (1-800-637-5465). To report Lost or Stolen Visa Cards or Checks, please call 1-800-262-5678 When requested, enter your Access Code 92-576-30245.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Agreement Regarding Your Securities Account and Other Important Information

You, the Client, and we, Merrill Lynch, Pierce, Fenner & Smith Inc., agree as follows:

1) All transactions in your account are subject to the constitution, rules, regulations, customs, usages, rulings and interpretations of the exchange or market, and its clearing house, if any, where the transactions are executed, and if not executed on any exchange, the National Association of Securities Dealers, Inc.

2) Unless you give us other instructions, we will hold for your account any securities you purchase and the proceeds of any securities you sell.

3) We will direct your order for a multi-listed security or option to the market place we consider to be the primary market for that security, unless you give us specific instructions to direct the order elsewhere.

4) We will hold bonds and preferred stocks in bulk segregation (except for those held in custodian accounts). In the event of a call for less than an entire issue or series of these securities, the securities to be called will be automatically selected on a random basis from those held in bulk. The probability that your holdings will be selected is proportional to the amount of your holdings relative to those of other customers.

5) If you have any obligations to us we can, subject to applicable rules and regulations of regulatory bodies, without notifying you, take any of the following actions with any or all securities in your account, including securities you may acquire or deposit to secure your account.

We can pledge, repledge, hypothecate, or rehypothecate the securities. They may be commingled with securities carried for the accounts of other customers.

We can lend the securities.

We can deliver the securities on contracts for other customers even if we do not have in our possession and control a like amount of similar securities for delivery.

We can take any of these actions until you have discharged all your obligations to us. The amount involved in these actions may be more or less than the amount you owe us.

6) We are not responsible for the loss or destruction of securities that are placed in the custody of a foreign bank or broker or other custodian, and are lost or destroyed as a result of war, civil commotion, enemy action, government acts or any other causes beyond the control of the depository or us.

7) This statement of account shall be deemed conclusive if not objected to within ten (10) days.

8) We can transfer your account to anyone by assignment, merger, consolidation or otherwise, unless you give us written notice to the contrary at the time. This agreement will inure to the benefit of anyone to whom we transfer the accounts. Nothing contained in this paragraph shall affect your right to transfer your account under NYSE Rule 412.

Insurance

We are a member of the Securities Investor Protection Corporation (SIPC). The securities held in your account are covered by SIPC protection and excess-SIPC protection obtained by Merrill Lynch. For details, refer to the Program Description for your account, if applicable, or speak with your Financial Consultant. We are not a bank, and the securities offered by us, unless otherwise indicated, are not backed or guaranteed by any bank nor are they insured by the FDIC.

Merrill Lynch, Pierce, Fenner & Smith Inc.
World Financial Center
North Tower
New York, N.Y. 10281-1332
Member, Securities Investor Protection Corporation (SIPC)

Other Important Information

(1) You will have the right to vote full shares, and we will solicit instructions concerning the voting of full shares held in your account. If such instructions are not received by us on a timely basis, the voting shares in your account will be governed by the rules and policies of the New York Stock Exchange and the Securities and Exchange Commission then in effect.

(2) This statement serves as a confirmation of purchases that result from automatic reinvestment transactions, as well as your AIPS transactions, during the statement period.

(3) Insurance policy information is based on data from the insurer that issued the policy. Merrill Lynch is not responsible for the calculation of policy values. Policies are generally not held in your Merrill Lynch account. If Merrill Lynch as custodian or trustee holds a policy that is a security, SIPC protection and excess SIPC protection applies.

(4) As an option customer, please advise your Financial Consultant promptly of any material change in your investment objectives or financial condition. Individual options commission charges have been included in your confirmation; however, a summary of this information will be made available to you upon request.

(5) Our financial statement is available for your personal inspection at our office, or a copy of it will be mailed upon your written request.

Special Note: If your records differ from this information, please notify your Financial Consultant in writing with a copy of the statement noting the discrepency and, if appropriate, any necessary adjustments will be made.

WCMA Loan Account Activity

Reports important information from Merrill Lynch Business Financial Services Inc. (MLBFS, Inc.) through which the WCMA Line of Credit is made available. Includes information on your Line of Credit Loan Balance, Loan Subject to Interest, and Loan Interest Charged. Interest charges accrue daily during the statement period with each day being deemed to constitute 1/360 of a year. Refer to the WCMA Agreement and documents required by MLBFS for details.

Managed Trust Units

Information for RCMA for Business Retirement Plan clients on units of the Merrill Lynch GIC Managed Trust is reported from information supplied by the Merrill Lynch Trust Company or its agent. Neither the Trust nor its units are held in your Merrill Lynch, Pierce, Fenner & Smith Inc. account and therefore, are not subject to SIPC protection. An annual report will be furnished separately.

Symbols and Abbreviations

	Interest reported to IRS by Merrill Lynch as required by law.
*	Gross Proceeds reported to the IRS by Merrill Lynch as required by law.
*	Dividends reported to the IRS by Merrill Lynch as required by law.
**	Merrill Lynch maintains a fundamental opinion on this company.
:	Transactions reported to IRS.
$	Transaction you requested required same-day payment - MLPF&S retained last day's dividend to offset cost of advancing payment on your behalf.
A	This transaction was affected through a specialist which is our affiliate. In connection with its market making activity, such specialist may have a long or short position in this stock or in options on this stock and may be on the other side of public orders executed on the exchange. Such specialists may have profited or lost in connection with this transaction.
N/A	Value and/or cost data not available.
N/C	Not calculated.
N/N	Non-negotiable securities.
N/N N/O	Non-negotiable securities held registered in your name.
N/O	Held registered in your name.
NOCC	Options Clearing Corporation.
N/O CUST	Non-negotiable Custodian Registration.
NPC	Interests in assets not registered in the name of nor held by us or our nominees and held by you or registered in your name with the issuer or its agent. Merrill Lynch, Pierce, Fenner & Smith Inc. does not control or act as custodian for these investments.
RD	Bonds are changeable from coupon to registered and vice versa without charge.
RG	Bonds registered for both principal and interest.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

TOTAL ACCOUNT VALUE AS OF 06/25/1999 $44,139.00

MARY ELIZABETH CLEMENT C/F
ROBERT N CLEMENT UTMA/VA
UNTIL AGE 21
8202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

YOUR FINANCIAL CONSULTANT:
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FC# 3517
(615) 747-5800

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-LINK

Monthly Portfolio Summary

Asset	05/28/99 Value	%	06/25/99 Value	%
Cash/Money Funds	2,737	7	2,289	5
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities	27,725	66	29,680	67
Mutual Funds	11,246	27	12,170	28
Options				
Other				
Long Market Value	41,708		44,139	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	41,708		44,139	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	8.55	230.93
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends	58.16	79.65
Income Not Reported		
Total	66.71	310.58

Items for Attention

Security		Message	Date
ORACLE CORP $0.01	DEL	Opinion Upgraded	

Purchasing Power 2,289 Investor Credit Line

NEWS

Announcing the biggest merger in Wall Street history: Merrill Lynch & You. See the enclosed brochure to find out how we've rebuilt our strengths around your needs. Its a new approach that means when you succeed, we succeed. For more information, please talk to your Merrill Lynch Financial Consultant.

Financial Market Indicators

	This Statement	Last Statement	Previous Year-End
Dow Jones Industrial Average	10552.56	10559.74	9181.43
Three-Month Treasury Bills	4.78%	4.62%	4.45%
Long-Term Treasury Bonds	6.14%	5.82%	5.09%

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Cash Flow Summary

Activity Summary			Credits			Debits		
	This Statement	Year-to-Date		This Statement	Year-to-Date		This Statement	Year-to-Date
Opening Balance Cash & Money Funds	2,737.79		Sales	3,908.87	3,908.87	Purchases	4,406.88	42,841.54
			Income	66.71	310.58	Withdrawals		
			Funds Received		20,950.73	Other	16.76	56.65
Net Credits & Debits	448.06DR	17,728.01DR	Other					
Closing Balance Cash & Money Funds	2,289.73							
			Total Credits	3,975.58	25,170.18	Total Debits	4,423.64	42,898.19

Realized Capital Gain and Loss Summary*

	This Month	Year-to-Date
Short-Term	78.84	78.84
Long-Term	.00	.00

*-Excludes transactions for which we have insufficient data.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Current Yield %
	Equities										
1,000	** GLOBAL MARINE INC NEW	GLM		01/27/99	9.25	9,256	14.18	14,187	4,931		
150	** OFFICE DEPOT INC	ODP		02/08/99	23.14	3,471	21.50	3,225	(246)		
150	↑ ORACLE CORP $0.01 DEL	ORCL		02/05/99	39.40	5,910	35.75	5,362	(547)		
30	** PFIZER INC DEL PV$0.05	PFE		02/09/99	132.37	3,971	101.43	3,043	(927)	28	.9
300	** VOLKSWAGEN A G SPONS ADR	VLKAY		02/03/99	16.10	4,832	12.87	3,862	(969)	34	.9
	Total Equities					27,442		29,680	2,242	63	.2
	Mutual Funds and Defined Asset Funds										
	Mutual Funds - Equity										
211	MFS CAP OPP FD CL C (.5190 FRACTIONAL SHARE)			06/16/99	18.48	3,899	18.35	3,871	(27)		
				N/A	N/A	N/A	18.35	9	N/A		
	Total Client Investment			$3,899							
	Investment Return			($27)							
359	MFS UTILITIES FUND SER TR VI UTILS CL C (.3760 FRACTIONAL SHARE)			02/03/99	10.71	3,845	11.66	4,185	341	73	1.7
				N/A	N/A	N/A	11.66	4	N/A		1.7
	Total Client Investment			$3,801							
	Investment Return			$384							

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Curre Yield %
	Mutual Funds and Defined Asset Funds										
Mutual Funds - Equity											
129	SELIGMAN COMMUNICATIONS * & INFORMATION FUND CL D			02/03/99	29.61	3,819	31.69	4,088	269		
	(.3470 FRACTIONAL SHARE)			N/A	N/A	N/A	31.69	10	N/A		
	Total Client Investment			$3,703							
	Investment Return			$384							
	Total Mutual Funds - Equity					11,566		12,170	583	76	.6
	Total Mutual Funds					11,566		12,170	583	76	.6
	Total of Long Portfolio					61,296*		66,139	2,825 *	239	.5

DATE ACQUIRED: Date of your initial investment in this fund.
UNIT COST BASIS: Average cost basis for all shares owned
UNREALIZED GAIN or (LOSS): Total market value minus total cost basis

TOTAL CLIENT INVESTMENT: Cost of shares directly purchased (excluding shares purchased through reinvestment)
INVESTMENT RETURN: Value of reinvested shares plus capital appreciation(depreciation) of all shares purchased, including through reinvestment.

* - Excludes N/A items

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Security Transactions			
06/03	Journal Entry	1	MFS UTILITIES FUND SER TR VI UTILS CL C FULL SHARE ACCUM			
06/10	Purchase	5	SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D AUTO INVESTMENT PROGR FRAC SHR QUANTITY .395 PRICE 30.770000	30.770	166.00	
06/10	Journal Entry	1	SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D FULL SHARE ACCUM SHARE VALUE $30.77			
06/10	Purchase	10	MASS INVESTORS GROWTH STOCK FUND CLASS C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .272 PRICE 16.160000	16.160	166.00	
06/10	Purchase	14	MFS UTILITIES FUND SER TR VI UTILS CL C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .225 PRICE 11.670000	11.670	166.01	
06/17	Sale	-239	MASS INVESTORS GROWTH STOCK FUND CLASS C EXCHANGE SELL FRAC SHR QUANTITY .808 PRICE 16.300000	16.300		3,908.87
06/17	Purchase	211	MFS CAP OPP FD CL C EXCHANGE BUY FRAC SHR QUANTITY .519 PROSPECTUS ENCLOSED PRICE 18.48	18.480	3,908.87	
			Net Total		699.01	

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

Schedule 4
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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Dividends and Interest			
06/02	* Dividend		MFS UTILITIES FUND SER TR VI UTILS CL C			4.29
06/10	* Dividend		PFIZER INC DEL PV$0.05 HOLDING 30.0000			6.60
06/11	* Rpt Fgn Div		VOLKSWAGEN A G SPONS ADR HOLDING 300.0000			47.27
06/25	Share Dividend	8	CMA MONEY FUND			
06/25	Cash Dividend		CMA MONEY FUND FRDM 5-28 THRU 6-24			.55
	Income Total		CMA MONEY FUND SHARE DIVIDEND			8.00
			Net Total			$6.71
			Other Activity			
06/02	Reinvestment		MFS UTILITIES FUND SER TR VI UTILS CL C		4.29	
06/03	Divd Reinv		MFS UTILITIES FUND SER TR VI UTILS CL C REINV AMOUNT $4.29 REINV PRICE $11.51000 QUANTITY BOT .3730 AS OF 05/28			
06/11	Fgn Div Tax		VOLKSWAGEN A G SPONS ADR		4.73	
06/11	Fgn Div Tax		VOLKSWAGEN A G SPONS ADR RECLAIMABLE TAX		7.74	
			Net Total		15.75	

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Standing Instructions			
	ORDER TO BUY	MONTHLY	SELGMN COMM&INFO FO CL D	166.00		
	ORDER TO BUY	MONTHLY	MFS UTILITIES FO CL C	166.00		
	ORDER TO BUY	MONTHLY	MFS CAP OPP FO CL C	166.00		

Tax Information Summary

	This Statement	Year-to-Date
Accrued Interest Paid		
Tax-Exempt		
Reportable		16.05
Accrued Interest Received		
Tax-Exempt		
Reportable		
Gross Proceeds	3,908.87	3,908.87

Although we provide complete year-to-date information for Reportable Accrued Interest Received, Accrued Interest Paid and Tax-Exempt Accrued Interest Received and Paid include only those months we produce your profit and loss statement

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
05/28	Opening Balance					.79CR	2,737
06/02	* Dividend		MFS UTILITIES FUND SER TR VI UTILS CL C		4.29CR		
06/02	Reinvestment		MFS UTILITIES FUND SER TR VI UTILS CL C		4.29	.79CR	2,737
06/03	Divd Reinv		MFS UTILITIES FUND SER TR VI UTILS CL C REINV AMOUNT $4.29 REINV PRICE $11.51000 QUANTITY BOT .3730 AS OF 05/28				
06/03	Journal Entry	1	MFS UTILITIES FUND SER TR VI UTILS CL C FULL SHARE ACCUM			.79CR	2,737
06/10	* Dividend		PFIZER INC DEL PV$0.05 HOLDING 30.0000		6.60CR		
06/10	Purchase	5	SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D AUTO INVESTMENT PROGR FRAC SHR QUANTITY .395 PRICE 30.770000	30.770	166.00		
06/10	Journal Entry	1	SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D FULL SHARE ACCUM SHARE VALUE $30.77				
06/10	Purchase	10	MASS INVESTORS GROWTH STOCK FUND CLASS C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .272 PRICE 16.160000	16.160	166.00		

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

Schedule 4
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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
06/10	Purchase	14	MFS UTILITIES FUND SER TR VI UTILS CL C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .225 PRICE 11.670000	11.670	166.01		
06/10	Sale	-498	CMA MONEY FUND		498.00CR	7.38CR	2,239
06/11	* Rpt Fgn Div		VOLKSWAGEN A G SPONS ADR HOLDING 300.0000		47.27CR		
06/11	Fgn Div Tax		VOLKSWAGEN A G SPONS ADR		4.73		
06/11	Fgn Div Tax		VOLKSWAGEN A G SPONS ADR RECLAIMABLE TAX		7.74		
06/11	Purchase	7	CMA MONEY FUND		7.00	35.18CR	2,246
06/14	Purchase	35	CMA MONEY FUND		35.00	.18CR	2,281
06/17	* Sale	-239	MASS INVESTORS GROWTH STOCK FUND CLASS C EXCHANGE SELL FRAC SHR QUANTITY .808 PRICE 16.300000	16.300	3,908.87CR		
06/17	Purchase	211	MFS CAP OPP FD CL C EXCHANGE BUY FRAC SHR QUANTITY .519 PROSPECTUS ENCLOSED PRICE 18.48	18.480	3,908.87		
06/25	Share Dividend	8	CMA MONEY FUND			.18CR	2,281
06/25	Cash Dividend		CMA MONEY FUND FROM 5-28 THRU 6-24		.55CR		
06/25	**Closing Balance**				**.73CR**	**.73CR**	**2,289**

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Page	Statement Period	Account No
24 OF 26	05/29/99 TO 06/25/99	008010

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Customer Service

For information about your account, please call 1-800-MER-LINK (1-800-637-5465). To report Lost or Stolen Visa Cards or Checks, please call 1-800-252-5678. When requested, enter your Access Code 92-576-39245.

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL
SERVICE

MARY ELIZABETH CLEMENT C/F

Agreement Regarding Your Securities Account and Other Important Information
You, the Client, and we, Merrill Lynch, Pierce, Fenner & Smith Inc., agree as follows:
1) All transactions in your account are subject to the constitution, rules, regulations, customs, usages, rulings and interpretations of the exchange or market, and its clearing house, if any, where the transactions are executed, and if not executed on any exchange, the National Association of Securities Dealers, Inc.
2) Unless you give us other instructions, we will hold for your account any securities you purchase and the proceeds of any securities you sell.
3) We will direct your order for a multi-listed security or option to the market place we consider to be the primary market for that security, unless you give us specific instructions to direct the order elsewhere.
4) We will hold bonds and preferred stocks in bulk segregation (except for those held in custodian accounts). In the event of a call for less than an entire issue or series of those securities, the securities to be called will be automatically selected on a random basis from those held in bulk. The probability that your holdings will be selected is proportional to the amount of your holdings relative to those of other customers.
5) If you have any obligations to us we can, subject to applicable rules and regulations of regulatory bodies, without notifying you, take any of the following actions with any or all securities in your account, including securities you may acquire or deposit to secure your account.
We can pledge, repledge, hypothecate, or rehypothecate the securities. They may be commingled with securities carried for the accounts of other customers.
We can lend the securities.
We can deliver the securities on contracts for other customers even if we do not have in our possession and control a like amount of similar securities for delivery.
We can take any of these actions until you have discharged all your obligations to us. The amount involved in these actions may be more or less than the amount you owe us.
6) We are not responsible for the loss or destruction of securities that are placed in the custody of a foreign bank or broker or other custodian, and are lost or destroyed as a result of war, civil commotion, enemy action, government acts or any other causes beyond the control of the depository or us.
7) This statement of account shall be deemed conclusive if not objected to within ten (10) days.
8) We can transfer your account to anyone by assignment, merger, consolidation or otherwise, unless you give us written notice to the contrary at the time. This agreement will inure to the benefit of anyone to whom we transfer the accounts. Nothing contained in this paragraph shall affect your right to transfer your account under NYSE Rule 412.

Insurance
We are a member of the Securities Investor Protection Corporation (SIPC). The securities held in your account are covered by SIPC protection and excess-SIPC protection obtained by Merrill Lynch. For details, refer to the Program Description for your account, if applicable, or speak with your Financial Consultant. We are not a bank, and the securities offered by us, unless otherwise indicated, are not backed or guaranteed by any bank nor are they insured by the FDIC.

Merrill Lynch, Pierce, Fenner & Smith Inc.
World Financial Center
North Tower
New York, N.Y. 10281-1332
Member, Securities Investor Protection Corporation (SIPC)

Other Important Information
(1) You will have the right to vote full shares and we will solicit instructions concerning the voting of full shares held in your account. If such instructions are not received by us on a timely basis, the voting shares in your account will be governed by the rules and policies of the New York Stock Exchange and the Securities and Exchange Commission then in effect.
(2) This statement serves as a confirmation of purchases that result from automatic reinvestment transactions, as well as your AIPS transactions, during the statement period.
(3) Insurance policy information is based on data from the insurer that issued the policy. Merrill Lyn is not responsible for the calculation of policy values. Policies are generally not held in your Merrill Lynch account. If Merrill Lynch as custodian or trustee holds a policy that is a security, SIPC protection and excess SIPC protection applies.
(4) As an option customer, please advise your Financial Consultant promptly of any material chang your investment objectives or financial condition. Individual options commission charges have been included in your confirmation; however, a summary of this information will be made available to you upon request.
(5) Our financial statement is available for your personal inspection at our office, or a copy of it will mailed upon your written request.
Special Note: If your records differ from this information, please notify your Financial Consultant in writing with a copy of the statement noting the discrepancy and, if appropriate, any necessary adjustments will be made.
WCMA Loan Account Activity
Reports important information from Merrill Lynch Business Financial Services Inc. (MLBFS, Inc.) through which the WCMA Line of Credit is made available. Includes information on your Line of C Loan Balance, Loan Subject to Interest, and Loan Interest Charged. Interest charges accrue daily during the statement period with each day being deemed to constitute 1/360 of a year. Refer to the WCMA Agreement and documents required by MLBFS for details.
Managed Trust Units
Information for RCMA for Business Retirement Plan clients on units of the Merrill Lynch GIC Managed Trust. Is reported from information supplied by the Merrill Lynch Trust Company or its a Neither the Trust nor its units are held in your Merrill Lynch, Pierce, Fenner & Smith Inc. account therefore, are not subject to SIPC protection. An annual report will be furnished seperately.

Symbols and Abbreviations

	Interest reported to IRS by Merrill Lynch as required by law.
*	Gross Proceeds reported to the IRS by Merrill Lynch as required by law.
+	Dividends reported to the IRS by Merrill Lynch as required by law.
**	Merrill Lynch maintains a fundamental opinion on this company.
:	Transactions reported to IRS.
6	Transaction you requested required same-day payment - MLPF&S retained las day's dividend to offset cost of advancing payment on your behalf.
A	This transaction was effected through a specialist which is our affiliate. In connection with its market making activity, such specialist may have a long or short position in this stock or in options on this stock and may be on the other side of public orders executed on the exchange. Such specialists may have profited or lost in connection with this transaction.
N/A	Value and/or cost data not available.
N/C	Not calculated.
N/N	Non-negotiable securities.
N/N N/O	Non-negotiable securities held registered in your name.
N/O	Held registered in your name.
NOCC	Options Clearing Corporation.
N/O CUST	Non-negotiable Custodian Registration.
NPC	Interests in assets not registered in the name of nor held by us or our nominees and held by you or registered in your name with the issuer or its age Merrill Lynch, Pierce, Fenner & Smith Inc. does not control or act as custodian for these investments.
RD	Bonds are changeable from coupon to registered and vice versa without charg
RG	Bonds registered for both principal and interest.

198776 PLEASE SEE REVERSE SIDE **END OF STATEMENT**

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

TOTAL ACCOUNT VALUE AS OF 07/30/1999 $46,554.00

MARY ELIZABETH CLEMENT C/F
ROBERT N CLEMENT UTMA/VA
UNTIL AGE 21
6202 TREEBROOKE LN
ALEXANDRIA VA 22306-1706

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5600

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-LINK

Monthly Portfolio Summary

Asset	06/25/99 Value	%	07/30/99 Value	%
Cash/Money Funds	2,289	5	1,800	4
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities	29,680	67	31,795	68
Mutual Funds	12,170	28	12,959	28
Options				
Other				
Long Market Value	44,139		46,554	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	44,139		46,554	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	9.15	240.08
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends	4.54	84.19
Income Not Reported		
Total	13.69	324.27

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 1,800 Investor Credit Line

NEWS

Recently USA Today analyzed brokerage statements. Your statement ranked number one in many areas. Are you taking full advantage of the features in your statement? The Merrill Lynch Advisor highlights this recent recognition and provides a chart that you can use to balance your CMA checks and Visa transactions with your monthly statement.

Financial Market Indicators

	This Statement	Last Statement	Previous Year-End
Dow Jones Industrial Average	10655.15	10970.80	9181.43
Three-Month Treasury Bills	4.74%	4.76%	4.45%
Long-Term Treasury Bonds	6.10%	5.97%	5.09%

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL
SERVICE

MARY ELIZABETH CLEMENT C/F

Cash Flow Summary

Activity Summary	This Statement	Year-to-Date
Opening Balance Cash & Money Funds	2,269.73	
Net Credits & Debits	468.84DR	18,216.85DR
Closing Balance Cash & Money Funds	1,800.85	

Credits	This Statement	Year-to-Date
Sales		3,908.87
Income	13.69	324.27
Funds Received		20,950.73
Other		
Total Credits	13.69	25.183.87

Debits	This Statement	Year-to-Date
Purchases	497.99	43,339.53
Withdrawals	4.54	61.19
Other		
Total Debits	502.53	43,400.72

Realized Capital Gain and Loss Summery*

	This Month	Year-to-Date
Short-Term	.00	78.84
Long-Term	.00	.00

*-Excludes transactions for which we have insufficient data.

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
	Cash and Money Funds									
1,800	CMA MONEY FUND		1.00	1,800	1.00	1,800			82	4.58

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Curr Yiel %
	Equities										
1,000	** GLOBAL MARINE INC NEW	GLM		01/27/99	9.25	9,256	16.62	16,625	7,369		
150	** OFFICE DEPOT INC	ODP		02/08/99	23.14	3,471	18.75	2,812	(658)		
150	** ORACLE CORP $0.01 DEL	ORCL		02/05/99	39.40	5,910	38.06	5,709	(200)		
90	** PFIZER INC DEL PV$0.05	PFE		02/09/99	44.12	3,971	33.87	3,048	(922)	86	2.
300	** VOLKSWAGEN A G SPONS ADR	VLKAY		02/03/99	16.10	4,832	12.00	3,600	(1,232)	34	
	Total Equities					37,442		31,795	6,357	121	

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL
SERVICE

MARY ELIZABETH CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Curr Yie
	Mutual Funds and Defined Asset Funds										
Mutual Funds - Equity											
220	MFS CAP OPP FD CL C			06/16/99	18.51	4,073	18.67	4,107	36		
	(.1020 FRACTIONAL SHARE)			N/A	N/A	N/A	18.67	1	N/A		
	Total Client Investment			$4,053							
	Investment Return			$53							
373	MFS UTILITIES FUND SER TR VI UTILS CL C			02/03/99	10.75	4,012	11.71	4,367	357	76	1
	(.6890 FRACTIONAL SHARE)			N/A	N/A	N/A	11.71	8	N/A		1
	Total Client Investment			$3,956							
	Investment Return			$411							
134	SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D			02/03/99	29.79	3,992	33.35	4,468	479		
	(.1500 FRACTIONAL SHARE)			N/A	N/A	N/A	33.35	5	N/A		
	Total Client Investment			$3,841							
	Investment Return			$627							
	Total Mutual Funds - Equity					12,078		12,959	872	76	
	Total Mutual Funds					12,078		12,959	872	76	

DATE ACQUIRED: Date of your initial investment in this fund.
UNIT COST BASIS: Average cost basis for all shares owned
UNREALIZED GAIN or (LOSS): Total market value minus total cost basis

TOTAL CLIENT INVESTMENT: Cost of shares directly purchased (excluding shares purchased through reinvestment)
INVESTMENT RETURN: Value of reinvested shares plus capital appreciation(depreciation) of all shares purchased, including through reinvestment.

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Curre Yield %
	Total of Long Portfolio					41,321*		46,554	5,239 *	280	.6

* - Excludes N/A Items

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Security Transactions			
07/07	Stock Dividend	60	PFIZER INC DEL PV$0.05 HOLDING 30.0000			
07/15	Purchase	4	SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D AUTO INVESTMENT PROGR FRAC SHR QUANTITY .803 PRICE 34.560000	34.560	165.99	
07/15	Journal Entry	1	SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D FULL SHARE ACCUM SHARE VALUE $34.56			
07/15	Purchase	13	MFS UTILITIES FUND SER TR VI UTILS CL C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .926 PRICE 11.920000	11.920	166.00	
07/15	Journal Entry	1	MFS UTILITIES FUND SER TR VI UTILS CL C FULL SHARE ACCUM SHARE VALUE $11.92			

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Date	Transaction	Quantity	Monthly Activity Description	Price	Debit	Credit
			Security Transactions			
07/15	Purchase	8	MFS CAP OPP FD CL C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .583 PRICE 19.340000	19.340	166.00	
07/15	Journal Entry	1	MFS CAP OPP FD CL C FULL SHARE ACCUM SHARE VALUE $19.34			
			Net Total		497.99	
			Dividends and Interest			
07/02	Dividend		MFS UTILITIES FUND SER TR VI UTILS CL C			4.54
07/30	Share Dividend	9	CMA MONEY FUND			
07/30	Cash Dividend		CMA MONEY FUND FROM 6-25 THRU 7-29			.15
	Income Total		CMA MONEY FUND SHARE DIVIDEND			9.00
			Net Total			13.69
			Other Activity			
07/02	Reinvestment		MFS UTILITIES FUND SER TR VI UTILS CL C		4.54	

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Other Activity			
07/06	Divd Reinv		MFS UTILITIES FUND SER TR VI UTILS CL C REINV AMOUNT $4.54 REINV PRICE $11.73000 QUANTITY BOT .3870 AS OF 06/30			
			Net Total		4.54	
			Standing Instructions			
	ORDER TO BUY	MONTHLY	SELGMN COMM&INFO FD CL D	166.00		
	ORDER TO BUY	MONTHLY	MFS UTILITIES FD CL C	166.00		
	ORDER TO BUY	MONTHLY	MFS CAP OPP FD CL C	166.00		

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL
SERVICE

MARY ELIZABETH CLEMENT C/F

Tax Information Summary

	This Statement	Year-to-Date
Accrued Interest Paid		
Tax-Exempt		
Reportable		16.05
Accrued Interest Received		
Tax-Exempt		
Reportable		
Gross Proceeds		3,908.87

Although we provide complete year-to-date information for Reportable Accrued Interest Received, Accrued Interest Paid and Tax-Exempt Accrued Interest Received and Paid include only those months we produce your profit and loss statement.

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
08/25	Opening Balance					.73CR	2,289
07/02	Dividend		MFS UTILITIES FUND SER TR VI UTILS CL C		4.54CR		
07/02	Reinvestment		MFS UTILITIES FUND SER TR VI UTILS CL C		4.54	.73CR	2,289
07/06	Divd Reinv		MFS UTILITIES FUND SER TR VI UTILS CL C REINV AMOUNT $4.54 REINV PRICE $11.73000 QUANTITY BOT .3870 AS OF 06/30			.73CR	2,289

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL
SERVICE

MARY ELIZABETH CLEMENT C/F

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
07/07	Stock Dividend	60	PFIZER INC DEL PV$0.05 NOLDING 30.0000			.73CR	2,289
07/15	Purchase	4	SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D AUTO INVESTMENT PROGR FRAC SHR QUANTITY .803 PRICE 34.560000	34.560	165.99		
07/15	Journal Entry	1	SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D FULL SHARE ACCUM SHARE VALUE $34.56				
07/15	Purchase	13	MFS UTILITIES FUND SER TR VI UTILS CL C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .926 PRICE 11.920000	11.920	166.00		
07/15	Journal Entry	1	MFS UTILITIES FUND SER TR VI UTILS CL C FULL SHARE ACCUM SHARE VALUE $11.92				
07/15	Purchase	8	MFS CAP OPP FD CL C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .583 PRICE 19.340000	19.340	166.00		
07/15	Journal Entry	1	MFS CAP OPP FD CL C FULL SHARE ACCUM SHARE VALUE $19.34				
07/15	Sale	-498	CMA MONEY FUND		498.00CR	.74CR	1,791
07/30	Share Dividend	9	CMA MONEY FUND				
07/30	Cash Dividend		CMA MONEY FUND FROM 6-25 THRU 7-29		.15CR		
07/30	**Closing Balance**				.89CR	.89CR	1,800

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL
SERVICE

MARY ELIZABETH CLEMENT C/F

Customer Service

For information about your account, please call 1-800-MER-LINK (1-800-637-5465). To report Lost or Stolen Visa Cards or Checks, please call 1-800-262-5676. When requested, enter your Access Code 92-576-39245.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Agreement Regarding Your Securities Account and Other Important Information
/ou, the Client, and we, Merrill Lynch, Pierce, Fenner & Smith Inc., agree as follows:
1) All transactions in your account are subject to the constitution, rules, regulations, customs, isages, rulings and interpretations of the exchange or market, and its clearing house, if any, where the transactions are executed, and if not executed on any exchange, the National Association of Securities Dealers, Inc.
2) Unless you give us other instructions, we will hold for your account any securities you purchase and the proceeds of any securities you sell.
3) We will direct your order for a multi-listed security or option to the market place we consider to be the primary market for that security, unless you give us specific instructions to direct the order elsewhere.
4) We will hold bonds and preferred stocks in bulk segregation (except for those held in custodian accounts). In the event of a call for less than an entire issue or series of those securities, the securities to be called will be automatically selected at random basis from those held in bulk. The probability that your holdings will be selected is proportional to the amount of your holdings relative to those of other customers.
5) If you have any obligations to us we can, subject to applicable rules and regulations of regulatory bodies, without notifying you, take any of the following actions with any or all securities in your account, including securities you may acquire or deposit to secure your account.
We can pledge, rapledge, hypothecate, or rehypothecate the securities. They may be commingled with securities carried for the accounts of other customers.
We can lend the securities.
We can deliver the securities on contracts for other customers even if we do not have in our possession and control a like amount of similar securities for delivery.
We can take any of these actions until you have discharged all your obligations to us. The amount involved in these actions may be more or less than the amount you owe us.
6) We are not responsible for the loss or destruction of securities that are placed in the custody of a foreign bank or broker or other custodian, and are lost or destroyed as a result of war, civil commotion, enemy action, government acts or any other causes beyond the control of the depository or us.
7) This statement of account shall be deemed conclusive if not objected to within ten (10) days.
8) We can transfer your account to anyone by assignment, merger, consolidation or otherwise, unless you give us written notice to the contrary at the time. This agreement will inure to the benefit of anyone to whom we transfer the accounts. Nothing contained in this paragraph shall affect your right to transfer your account under NYSE Rule 412.
Insurance
We are a member of the Securities Investor Protection Corporation (SIPC). The securities held in your account are covered by SIPC protection and excess-SIPC protection obtained by Merrill Lynch. For details, refer to the Program Description for your account, if applicable, or speak with your Financial Consultant. We are not a bank, and the securities offered by us, unless otherwise indicated, are not backed or guaranteed by any bank nor are they insured by the FDIC.

Merrill Lynch, Pierce, Fenner & Smith Inc.
World Financial Center
North Tower
New York, N.Y. 10281-1332
Member, Securities Investor Protection Corporation (SIPC)

Other Important Information
(1) You will have the right to vote full shares, and we will solicit instructions concerning the voting of full shares held in your account. If such instructions are not received by us on a timely basis, the voting shares in your account will be governed by the rules and policies of the New York Stock Exchange and the Securities and Exchange Commission then in effect.
(2) This statement serves as a confirmation of purchases that result from automatic reinvestment transactions, as well as your AIPS transactions, during the statement period.
(3) Insurance policy information is based on data from the insurer that issued the policy. Merrill Lynch is not responsible for the calculation of policy values. Policies are generally not held in your Merrill Lynch account. If Merrill Lynch as custodian or trustee holds a policy that is a security, SIPC protection and excess SIPC protection applies.
(4) As an option customer, please advise your Financial Consultant promptly of any material change in your investment objectives or financial condition. Individual options commission charges have been included in your confirmation; however, a summary of this information will be made available to you upon request.
(5) Our financial statement is available for your personal inspection at our office, or a copy of it will be mailed upon your written request.
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Reports important information from Merrill Lynch Business Financial Services Inc. (MLBFS, Inc.) through which the WCMA Line of Credit is made available. Includes information on your Line of Credit Loan Balance, Loan Subject to Interest, and Loan Interest Charged. Interest charges accrue daily during the statement period with each day being deemed to constitute 1/360 of a year. Refer to the WCMA Agreement and documents required by MLBFS for details.
Managed Trust Units
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Symbols and Abbreviations

*	Interest reported to IRS by Merrill Lynch as required by law.
*	Gross Proceeds reported to the IRS by Merrill Lynch as required by law
**	Dividends reported to the IRS by Merrill Lynch as required by law.
	Merrill Lynch maintains a fundamental opinion on this company
	Transactions reported to IRS.
#	Transaction you requested required same-day payment - MLPF&S retained last day's dividend to offset cost of advancing payment on your behalf.
A	This transaction was affected through a specialist which is our affiliate. In connection with its market making activity, such specialist may have a long or short position in this stock or in options on this stock and may be on the other side of public orders executed on the exchange. Such specialists may have profited or lost in connection with this transaction
N/A	Value and/or cost data not available.
N/C	Not calculated
N/N	Non-negotiable securities.
N/N N/O	Non-negotiable securities held registered in your name
N/O	Held registered in your name
NOCC	Options Clearing Corporation.
N/O CUST	Non-negotiable Custodian Registration.
NPC	Interests in assets not registered in the name of nor held by us or our nominees and held by you or registered in your name with the issuer or its agent. Merrill Lynch, Pierce, Fenner & Smith Inc. does not control or act as custodian for these investments.
RD	Bonds are changeable from coupon to registered and vice versa without charge.
RG	Bonds registered for both principal and interest.

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MERRILL LYNCH CMA® ACCOUNT

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MASTER FINANCIAL
SERVICE

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

TOTAL ACCOUNT VALUE AS OF 08/27/1999 $48,728.00

MARY ELIZABETH CLEMENT C/F
ROBERT N CLEMENT UTMA/VA
UNTIL AGE 21
8202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5600

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-LINK

Monthly Portfolio Summary

Asset	07/30/99 Value	%	08/27/99 Value	%
Cash/Money Funds	1,800	4	410	1
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities	31,795	68	34,903	72
Mutual Funds	12,959	28	13,415	28
Options				
Other				
Long Market Value	46,554		48,728	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	46,554		48,728	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	3.70	243.78
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends	3.82	88.01
Income Not Reported		
Total	7.52	331.79

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 410 Investor Credit Line

NEWS

Our top-rated research team has put together two timely equity-investment ideas. On September 8, Merrill Lynch will make available a list of our 10 best technology-stock ideas, as well as a list of our 15 most-favored stocks. For information, call your Financial Consultant.

Financial Market Indicators

	This Statement	Last Statement	Previous Year-End
Dow Jones Industrial Average	11090.17	10655.15	9181.43
Three-Month Treasury Bills	4.96%	4.74%	4.45%
Long-Term Treasury Bonds	5.97%	6.10%	5.09%

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Cash Flow Summary

Activity Summary	This Statement	Year-to-Date
Opening Balance Cash & Money Funds	1,800.89	
Net Credits & Debits	1,390.40DR	19,607.25DR
Closing Balance Cash & Money Funds	410.49	

Credits	This Statement	Year-to-Date
Sales	2,390.44	6,299.31
Income	7.52	331.79
Funds Received		20,950.73
Other	7.92	7.92
Total Credits	2,405.88	27,589.75

Debits	This Statement	Year-to-Date
Purchases	3,792.46	47,131.99
Withdrawals		
Other	3.82	65.01
Total Debits	3,796.28	47,197.00

Realized Capital Gain and Loss Summary*

	This Month	Year-to-Date
Short-Term	(1,080.85)	(1,002.01)
Long-Term	.00	.00

*-Excludes transactions for which we have insufficient data.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Realized Monthly Capital Gains and Losses

Quantity	Security Description	Date of Acquisition	Date of Liquidation	Sales Price	Cost Basis	Gain or (Loss)	
150	OFFICE DEPOT INC	02/08/99	08/05/99	2,390.44	3,471.29	(1,080.85)	ST

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
	Cash and Money Funds									
	CASH			9		9				
401	CMA MONEY FUND		1.00	401	1.00	401			18	4.67
	Total Cash/Money Funds			410		410			18	4.68

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Current Yield %
	Equities										
40	EBAY INC CON	EBAY		08/05/99	82.36	3,294	127.25	5,090	1,796		
1,000	** GLOBAL MARINE INC NEW	GLM		01/27/99	9.25	9,256	17.18	17,187	7,931		
150	** ORACLE CORP $0.01 DEL	ORCL		02/05/99	39.40	5,910	37.00	5,550	(360)		
90	** PFIZER INC DEL PV$0.05	PFE		02/09/99	44.12	3,971	38.62	3,476	(494)	28	.8
300	** VOLKSWAGEN A G SPONS ADR	VLKAY		02/03/99	16.10	4,832	12.00	3,600	(1,232)	14	.9
	Total Equities					27,265		36,903	7,661	63	.1
	Mutual Funds and Defined Asset Funds										
	Mutual Funds - Equity										
229	MFS CAP OPP FD CL C (.3290 FRACTIONAL SHARE)			06/16/99	18.49	4,235	18.59	4,257	24		
				N/A	N/A	N/A	18.59	6	N/A		
	Total Client Investment			$4,215							
	Investment Return			$41							
388	MFS UTILITIES FUND SER TR VI UTILS CL C (.7050 FRACTIONAL SHARE)			02/03/99	10.77	4,182	11.55	4,481	304	48	1.0
				N/A	N/A	N/A	11.55	8	N/A		1.0
	Total Client Investment			$4,115							
	Investment Return			$366							

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MERRILL LYNCH CMA® ACCOUNT

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Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Curre Yiel %
	Mutual Funds and Defined Asset Funds										
Mutual Funds - Equity											
139	SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D			02/03/99	29.87	4,152	33.46	4,650	503		
	(.3510 FRACTIONAL SHARE)			N/A	N/A	N/A	33.46	11	N/A		
	Total Client Investment			$4,001							
	Investment Return			$649							
	Total Mutual Funds - Equity					12,569		13,415	831	48	.
	Total Mutual Funds					12,569		13,415	831	48	.
	Total of Long Portfolio					40,246*		48,729	8,472 *	130	

DATE ACQUIRED: Date of your initial investment in this fund
UNIT COST BASIS: Average cost basis for all shares owned
UNREALIZED GAIN or (LOSS): Total market value minus total cost basis

TOTAL CLIENT INVESTMENT: Cost of shares directly purchased (excluding shares purchased through reinvestment)
INVESTMENT RETURN: Value of reinvested shares plus capital appreciation(depreciation) of all shares purchased, including through reinvestment.

* - Excludes N/A Items

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Security Transactions			
08/04	Journal Entry	1	MFS UTILITIES FUND SER TR VI UTILS CL C FULL SMARE ACCUM			
08/10	Purchase	40	EBAY INC COM PRICE 80 13/ 16	80.812	3,294.45	
08/10	• Sale	-150	OFFICE DEPOT INC PRICE 16 5/ 16	16.312		2,390.44
08/12	Purchase	5	SELIOMAN COMMUNICATIONS & INFORMATION FUND CL D AUTO INVESTMENT PROGR FRAC SHR QUANTITY .201 PRICE 31.920000	31.920	166.02	
08/12	Purchase	14	MFS UTILITIES FUND SER TR VI UTILS CL C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .690 PRICE 11.300000	11.300	166.00	
08/12	Purchase	9	MFS CAP OPP FD CL C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .227 PRICE 17.990000	17.990	165.99	
			Net Total		1,402.02	
			Dividends and Interest			
08/03	• Dividend		MFS UTILITIES FUND SER TR VI UTILS CL C			3.82
08/27	Share Dividend	3	CMA MONEY FUND			
08/27	Cash Dividend		CMA MONEY FUND FROM 7-30 THRU 8-26			.70

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Date	Transaction	Quantity	Monthly Activity Description	Price	Debit	Credit
			Dividends and Interest			
	Income Total		CMA MONEY FUND SHARE DIVIDEND			3.00
			Net Total			7.52
			Other Activity			
08/03	Reinvestment		MFS UTILITIES FUND SER TR VI UTILS CL C		3.82	
08/04	Divd Reinv		MFS UTILITIES FUND SER TR VI UTILS CL C REINV AMOUNT $3.82 REINV PRICE $11.71000 QUANTITY BOT .3260 AS OF 07/30			
08/24	Fgn Div Tax		VOLKSWAGEN A G SPDNS ADR PAYDATE 06/11/99 ADJ ENTRY AS OF 06/11/99 ADJ FOREIGN TAX ON DIV VS 03400191 UNIT 218 BATCH # = 00049315935			7.92
			Net Total			4.10

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Standing Instructions			
	ORDER TO BUY	MONTHLY	SELGMN COMM&INFO FD CL O	166.00		
	ORDER TO BUY	MONTHLY	MFS UTILITIES FD CL C	166.00		
	ORDER TO BUY	MONTHLY	MFS CAP OPP FD CL C	166.00		

Tax Information Summary

	This Statement	Year-to-Date
Accrued Interest Paid		
Tax-Exempt		
Reportable		16.05
Accrued Interest Received		
Tax-Exempt		
Reportable		
Gross Proceeds	2,390.44	6,299.31

Although we provide complete year-to-date information for Reportable Accrued Interest Received, Accrued Interest Paid and Tax-Exempt Accrued Interest Received and Paid include only those months we produce your profit and loss statement

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
07/30	Opening Balance					.89CR	1,800
08/03	* Dividend		MFS UTILITIES FUND SER TR VI UTILS CL C		3.82CR		
08/03	Reinvestment		MFS UTILITIES FUND SER TR VI UTILS CL C		3.82	.89CR	1,800
08/04	Divd Reinv		MFS UTILITIES FUND SER TR VI UTILS CL C REINV AMOUNT $3.82 REINV PRICE $11.71000 QUANTITY BOT .3260 AS OF 07/30				
08/04	Journal Entry	1	MFS UTILITIES FUND SER TR VI UTILS CL C FULL SHARE ACCUM			.89CR	1,800
08/10	Purchase	40	EBAY INC COM PRICE 80 13/ 16	80.812	3,294.45		
08/10	* Sale	-150	OFFICE DEPOT INC PRICE 16 5/ 16	16.312	2,390.44CR		
08/10	Sale	-904	CMA MONEY FUND		904.00CR	.88CR	896
08/12	Purchase	5	SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D AUTO INVESTMENT PROGR FRAC SHR QUANTITY .201 PRICE 31.920000	31.920	166.02		
08/12	Purchase	14	MFS UTILITIES FUND SER TR VI UTILS CL C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .690 PRICE 11.300000	11.300	166.00		

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
08/12	Purchase	9	MFS CAP OPP FD CL C AUTO INVESTMENT PROGR FRAC SNR QUANTITY .227 PRICE 17.990000	17.990	165.99		
08/12	Sale	-498	CMA MONEY FUND		498.00CR	.87CR	398
08/24	Fgn Div Tax		VOLKSWAGEN A G SPONS ADR PAYDATE 06/11/99 ADJ ENTRY AS OF 06/11/99 ADJ FOREIGN TAX ON DIV VS 03400191 UNIT 218 BATCH # = 00049315935		7.92CR		
08/27	Share Dividend	3	CMA MONEY FUND			8.79CR	398
08/27	Cash Dividend		CMA MONEY FUND FROM 7-30 THRU 8-26		.70CR		
08/27	**Closing Balance**				9.49CR	9.49CR	401

Customer Service

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3) If you have any obligations to us we can, subject to applicable rules and regulations of regulatory bodies, without notifying you, take any of the following actions with any or all securities in your account, including securities you may acquire or deposit to secure your account.
We can pledge, repledge, hypothecate, or rehypothecate the securities. They may be commingled with securities carried for the accounts of other customers.
We can lend the securities.
We can deliver the securities on contracts for other customers even if we do not have in our possession and control a like amount of similar securities for delivery.
We can take any of these actions until you have discharged all your obligations to us. The amount involved in these actions may be more or less than the amount you owe us.
4) We are not responsible for the loss or destruction of securities that are placed in the custody of a foreign bank or broker or other custodian, and are lost or destroyed as a result of war, civil commotion, enemy action, government acts or any other causes beyond the control of the depository or us.
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Insurance
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Other Important Information
1) Depository institutions participating in the ISA program and Merrill Lynch Bank USA in the CMA 2.0 program pay us a fee up to 2% per annum of the average daily depository account balances in each program respectively.
2) You will have the right to vote full shares, and we will solicit instructions concerning the voting of full shares held in your account. If such instructions are not received by us on a timely basis, the voting shares in your account will be governed by the rules and policies of the New York Stock Exchange and the Securities and Exchange Commission then in effect.

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Managed Trust Units
Information for RCMA for Business Retirement Plan clients on units of the Merrill Lynch GIC Managed Trust is reported from information supplied by the Merrill Lynch Trust Company or its agent. Neither the Trust nor its units are held in your Merrill Lynch, Pierce, Fenner & Smith Inc. account and therefore, are not subject to SIPC protection. An annual report will be furnished separately.

Symbols and Abbreviations

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*	Gross Proceeds reported to the IRS by Merrill Lynch as required by law.
**	Dividends reported to the IRS by Merrill Lynch as required by law.
	Merrill Lynch maintains a fundamental opinion on this company.
'	Transactions reported to IRS.
#	Transaction you requested required same-day payment - MLP&S retained last day's dividend to offset cost of advancing payment on your behalf.
A	This transaction was effected through a specialist which is our affiliate. In connection with its market making activity, such specialist may have a long or short position in this stock or in options on this stock and may be on the other side of public orders executed on the exchange. Such specialists may have profited or lost in connection with this transaction
N/A	Value and/or cost data not available.
N/C	Not calculated.
N/N	Non-negotiable securities.
N/N N/O	Non-negotiable securities held registered in your name
N/O	Held registered in your name.
NOCC	Options Clearing Corporation.
N/O CUST	Non-negotiable Custodian Registration.
NPC	Interests in assets not registered in the name of nor held by us or our nominees and held by you or registered in your name with the issuer or its agent. Merrill Lynch, Pierce, Fenner & Smith Inc. does not control or act as custodian for these investments.
RD	Bonds are changeable from coupon to registered and vice versa without charge.
RG	Bonds registered for both principal and interest.

Merrill Lynch, Pierce, Fenner & Smith Inc.
World Financial Center
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New York, N.Y. 10281-1332
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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

Schedule 4

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL
SERVICE

MARY ELIZABETH CLEMENT C/F

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You, the Client, and we, Merrill Lynch, Pierce, Fenner & Smith Inc., agree as follows:
1) We will direct your order for a multi-listed security or option to the market place we consider to be the primary market for that security, unless you give us specific instructions to direct the order elsewhere.
2) We will hold bonds and preferred stocks in bulk segregation (except for those held in custodian accounts). In the event of a call for less than an entire issue or series of those securities, the securities to be called will be automatically selected on a random basis from those held in bulk. The probability that your holdings will be selected is proportional to the amount of your holdings relative to those of other customers.
3) If you have any obligations to us we can, subject to applicable rules and regulations of regulatory bodies, without notifying you, take any of the following actions with any or all securities in your account, including securities you may acquire or deposit to secure your account.
We can pledge, repledge, hypothecate, or rehypothecate the securities. They may be commingled with securities carried for the accounts of other customers.
We can lend the securities.
We can deliver the securities on contracts for other customers even if we do not have in our possession and control a like amount of similar securities for delivery.
We can take any of these actions until you have discharged all your obligations to us. The amount involved in these actions may be more or less than the amount you owe us.
4) We are not responsible for the loss or destruction of securities that are placed in the custody of a foreign bank or broker or other custodian, and are lost or destroyed as a result of war, civil commotion, enemy action, government acts or any other causes beyond the control of the depository or us.
5) This statement of account shall be deemed conclusive if not objected to within ten (10) days.
6) We can transfer your account to anyone by assignment, merger, consolidation or otherwise, unless you give us written notice to the contrary at the time. This agreement will inure to the benefit of anyone to whom we transfer the accounts. Nothing contained in this paragraph shall affect your right to transfer your account under NYSE Rule 412.

Insurance
We are a member of the Securities Investor Protection Corporation (SIPC). The securities held in your account are covered by SIPC protection and excess-SIPC protection obtained by Merrill Lynch. For details, refer to the Program Description for your account, if applicable, or speak with your Financial Consultant. We are not a bank, and the securities offered by us, unless otherwise indicated, are not backed or guaranteed by any bank nor are they insured by the FDIC.

Other Important Information
1) Depository institutions participating in the ISA program and Merrill Lynch Bank USA in the CMA 2.0 program pay us a fee up to 2% per annum of the average daily depository account balances in each program respectively.
2) You will have the right to vote full shares, and we will solicit instructions concerning the voting of full shares held in your account. If such instructions are not received by us on a timely basis, the voting shares in your account will be governed by the rules and policies of the New York Stock Exchange and the Securities and Exchange Commission then in effect.

Merrill Lynch, Pierce, Fenner & Smith Inc.
World Financial Center
North Tower
New York, N.Y. 10281-1332
Member, Securities Investor Protection Corporation (SIPC)

Other Important Information (Continued)
(3) This statement serves as a confirmation of purchases that result from automatic rainvestment transactions, as well as your AIPS transactions, during the statement period.
(4) Insurance policy information is based on data from the insurer that issued the policy. Merrill Lynch is not responsible for the calculation of policy values. Policies are generally not held in your Merrill Lynch account. If Merrill Lynch as custodian or trustee holds a policy that is a security, SIPC protection and excess SIPC protection applies.
(5) As an option customer, please advise your Financial Consultant promptly of any material change in your investment objectives or financial condition. Individual options commission charges have been included in your confirmation; however, a summary of this information will be made available to you upon request.
(6) Our financial statement is available for your personal inspection at our office, or a copy of it will be mailed upon your written request.

Special Note: If your records differ from this information, please notify your Financial Consultant in writing with a copy of the statement noting the discrepancy and, if appropriate, any necessary adjustments will be made.

WCMA Loan Account Activity
Reports important information from Merrill Lynch Business Financial Services Inc. (MLBFS, Inc.) through which the WCMA Line of Credit is made available. Includes information on your Line of Credit Loan Balance, Loan Subject to Interest, and Loan Interest Charged. Interest charges accrue daily during the statement period with each day being deemed to consist of 1/360 of a year. Refer to the WCMA Agreement and documents required by MLBFS for details.

Managed Trust Units
Information for RCMA for Business Retirement Plan clients on units of the Merrill Lynch GIC Managed Trust is reported from information supplied by the Merrill Lynch Trust Company or its agent. Neither the Trust nor its units are held in your Merrill Lynch, Pierce, Fenner & Smith Inc. account and therefore, are not subject to SIPC protection. An annual report will be furnished separately.

Symbols and Abbreviations

	Interest reported to IRS by Merrill Lynch as required by law.
*	Gross Proceeds reported to the IRS by Merrill Lynch as required by law.
+	Dividends reported to the IRS by Merrill Lynch as required by law
**	Merrill Lynch maintains a fundamental option on this company
.	Transactions reported to IRS.
$	Transaction you requested required same-day payment - MLPF&S retained last day's dividend to offset cost of advancing payment on your behalf
A	This transaction was effected through a specialist which is our affiliate in connection with its market making activity, such specialist may have a long or short position in this stock or in options on this stock and may be on the other side of public orders executed on the exchange. Such specialists may have profited or lost in connection with this transaction.
N/A	Value and/or cost data not available.
N/C	Not calculated.
N/N	Non-negotiable securities.
N/N N/O	Non-negotiable securities held registered in your name.
N/O	Held registered in your name.
NOCC	Options Clearing Corporation.
N/O CUST	Non-negotiable Custodian Registration.
NPC	Interests in assets not registered in the name of nor held by us or our nominees and held by you or registered in your name with the issuer or its agent. Merrill Lynch, Pierce, Fenner & Smith Inc. does not control or act as custodian for these investments.
RD	Bonds are changeable from coupon to registered and vice versa without charge.
RG	Bonds registered for both principal and interest.

151766 _ PLEASE SEE REVERSE SIDE **END OF STATEMENT**

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

TOTAL ACCOUNT VALUE AS OF 09/24/1999 $49,159.00

MARY ELIZABETH CLEMENT C/F
ROBERT N CLEMENT UTMA/VA
UNTIL AGE 21
6202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

YOUR FINANCIAL CONSULTANT:
GARY O BAKER
FC# 3517
(615) 747-5600

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-LINK

Monthly Portfolio Summary

Asset	08/27/99 Value	%	09/24/99 Value	%
Cash/Money Funds	410	*1	10	*
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities	34,903	72	35,497	72
Mutual Funds	13,415	28	13,651	28
Options				
Other				
*-Less than 1 %				
Long Market Value	48,728		49,159	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	48,728		49,159	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	1.11	244.89
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends	11.30	99.31
Income Not Reported		
Total	12.41	344.20

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 10 Investor Credit Line

NEWS

We are pleased to introduce the Merrill Lynch & You newsletter. This first issue explains how you will benefit from this innovative communication. Other inserts contain important information on investment opportunities, trading in today's markets, retirement-account fees, the Firm's financial condition and an explanation of statement terms.

Financial Market Indicators

	This Statement	Last Statement	Previous Year-End
Dow Jones Industrial Average	10279.33	11090.17	9181.43
Three-Month Treasury Bills	4.77%	4.96%	4.45%
Long-Term Treasury Bonds	5.97%	5.97%	5.09%

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LICATE MERRILL LYNCH STATEMENT STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA® ACCOUNT

MARY ELIZABETH CLEMENT C/F

Cash Flow Summary

Activity Summary

	This Statement	Year-to-Date
Opening Balance Cash & Money Funds	410.49	
Net Credits & Debits	399.75DR	20,007.00DR
Closing Balance Cash & Money Funds	10.74	

Credits

	This Statement	Year-to-Date
Sales	89.96	6,389.27
Income	12.41	344.20
Funds Received		20,950.73
Other		7.92
Total Credits	102.37	27,692.12

Debits

	This Statement	Year-to-Date
Purchases	498.02	47,630.01
Withdrawals		
Other	4.10	69.11
Total Debits	502.12	47,699.12

Realized Capital Gain and Loss Summary*

	This Month	Year-to-Date
Short-Term	(4.87)	(1,006.88)
Long-Term	.00	.00

*-Excludes transactions for which we have insufficient data

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Realized Monthly Capital Gains and Losses

Quantity	Security Description	Date of Acquisition	Date of Liquidation	Sales Price	Cost Basis	Gain or (Loss)	
5	MFS CAP OPP FD CL C	06/16/99	09/21/99	87.52	92.39	(4.87)	ST

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Current Yield %
	Cash and Money Funds										
	CASH					10		10			
	Equities										
40	EBAY INC CON	EBAY		08/05/99	82.36	3,294	146.06	5,842	2,548		
1,000	** GLOBAL MARINE INC NEW	GLM		01/27/99	9.25	9,256	16.93	16,937	7,681		
150	** ORACLE CORP $0.01 DEL	ORCL		02/05/99	39.40	5,910	42.18	6,328	418		
90	** PFIZER INC DEL PV$0.05	PFE		02/09/99	44.12	3,971	34.75	3,127	(843)	28	.9
300	** VOLKSWAGEN A G SPONS ADR	VLKAY		02/03/99	16.10	4,832	10.87	3,262	(1,569)	34	1.0
	Total Equities					27,265		35,497	8,235	63	.1

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Curre Yield %
	Mutual Funds and Defined Asset Funds										
Mutual Funds - Equity											
233	MFS CAP OPP FD CL C			06/16/99	18.50	4,312	18.06	4,207	(98)		
	Total Client Investment			$4,274							
	Investment Return			($66)							
403	MFS UTILITIES FUND SER TR VI UTILS CL C (.3880 FRACTIONAL SHARE)			02/03/99	10.80	4,355	11.27	4,541	194	51	1.1
				N/A	N/A	N/A	11.27	4	N/A		1.1
	Total Client Investment			$4,288							
	Investment Return			$253							
144	SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D (.0420 FRACTIONAL SHARE)			02/03/99	30.06	4,329	34.00	4,896	575		
				N/A	N/A	N/A	34.00	1	N/A		
	Total Client Investment			$4,142							
	Investment Return			$753							
	Total Mutual Funds - Equity					12,997		13,651	671	51	.3
	Total Mutual Funds					12,997		13,651	671	51	.3
	Total of Long Portfolio					40,274*		49,199	8,906 *	115	.3

DATE ACQUIRED: Date of your initial investment in this fund.
UNIT COST BASIS: Average cost basis for all shares owned
UNREALIZED GAIN or (LOSS): Total market value minus total cost basis

TOTAL CLIENT INVESTMENT: Cost of shares directly purchased (excluding shares purchased through reinvestment)
INVESTMENT RETURN: Value of reinvested shares plus capital appreciation(depreciation) of all shares purchased, including through reinvestment.

* - Excludes N/A items

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Security Transactions			
09/03	Journal Entry	1	MFS UTILITIES FUND SER TR VI UTILS CL C FULL SHARE ACCUM			
09/16	Journal Entry	1	SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D FULL SHARE ACCUM SHARE VALUE $35.39			
09/16	Purchase	4	SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D AUTO INVESTMENT PROGR FRAC SNR QUANTITY .691 PRICE 35.390000	35.390	166.01	
09/16	Purchase	14	MFS UTILITIES FUND SER TR VI UTILS CL C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .323 PRICE 11.590000	11.590	166.00	
09/16	Journal Entry	1	MFS CAP OPP FD CL C FULL SHARE ACCUM SHARE VALUE $18.86			
09/16	Purchase	8	MFS CAP OPP FD CL C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .802 PRICE 18.860000	18.860	166.01	
09/24	Sale	-5	MFS CAP OPP FD CL C FRAC SNR QUANTITY .131 DEFERRED SALES CHARGE AP PRICE 18.590000	18.590		89.96
			Net Total		498.06	

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL
SERVICE

MARY ELIZABETH CLEMENT C/F

Monthly Activity

Date		Transaction	Quantity	Description	Price	Debit	Credit
				Dividends and Interest			
09/02	*	Dividend		MFS UTILITIES FUND SER TR VI UTILS CL C			4.10
09/09	*	Dividend		PFIZER INC DEL PV$0.05 NOLDING 90.0000			7.20
09/17		Cash Dividend		CMA MONEY FUND $1.11 FOR 21 DAYS FROM 08-27 THRU 09-16			1.11
				Net Total			12.41
				Other Activity			
09/02		Reinvestment		MFS UTILITIES FUND SER TR VI UTILS CL C		4.10	
09/03		Divd Reinv		MFS UTILITIES FUND SER TR VI UTILS CL C REINV AMOUNT $4.10 REINV PRICE $11.39000 QUANTITY BOT .3600 AS OF 08/31			
				Net Total		4.10	

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Tax Information Summary

	This Statement	Year-to-Date
Accrued Interest Paid		
Tax-Exempt		
Reportable		16.05
Accrued Interest Received		
Tax-Exempt		
Reportable		
Gross Proceeds	89.96	6,389.27

Although we provide complete year-to-date information for Reportable Accrued Interest Received, Accrued Interest Paid and Tax-Exempt Accrued Interest Received and Paid include only those months we produce your profit and loss statement.

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
08/27	Opening Balance					9.49CR	401
08/30	Purchase	9	CMA MONEY FUND		9.00	.49CR	410
09/02	* Dividend		MFS UTILITIES FUND SER TR VI UTILS CL C		4.10CR		
09/02	Reinvestment		MFS UTILITIES FUND SER TR VI UTILS CL C		4.10	.49CR	410

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Statement Period 08/28/99 TO 09/24/99

Account #:

008010

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
09/03	Divd Reinv		MFS UTILITIES FUND SER TR VI UTILS CL C REINV AMOUNT $4.10 REINV PRICE $11.39000 QUANTITY BOT .3600 AS OF 08/31				
09/03	Journal Entry	1	MFS UTILITIES FUND SER TR VI UTILS CL C FULL SHARE ACCUM			.49CR	410
09/09	* Dividend		PFIZER INC DEL PV$0.05 HOLDING 90.0000		7.20CR	7.69CR	410
09/13	Purchase	7	CHA MONEY FUND		7.00	.69CR	417
09/16	Journal Entry	1	SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D FULL SHARE ACCUM SHARE VALUE $35.39				
09/16	Purchase	4	SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D AUTO INVESTMENT PROGR FRAC SHR QUANTITY .691 PRICE 35.390000	35.390	166.01		
09/16	Purchase	14	MFS UTILITIES FUND SER TR VI UTILS CL C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .323 PRICE 11.590000	11.590	166.00		
09/16	Journal Entry	1	MFS CAP OPP FD CL C FULL SHARE ACCUM SHARE VALUE $18.86				
09/16	Purchase	8	MFS CAP OPP FD CL C AUTO INVESTMENT PROGR FRAC SHR QUANTITY .802 PRICE 18.860000	18.860	166.01		

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
09/16	Sale	-417	CMA MONEY FUND		417.00CR	80.33	
09/17	Cash Dividend		CMA MONEY FUND $1.11 POR 21 DAYS FROM 08-27 THRU 09-16		1.11CR	79.22	
09/24	Sale	-5	MFS CAP OPP FD CL C FRAC SHR QUANTITY .131 DEFERRED SALES CHARGE AP PRICE 18.590000	18.590	89.96CR		
09/24	Closing Balance				10.74CR	10.74CR	

Customer Service

For information about your account, please call 1-800-MER-LINK (1-800-637-5465). To report Lost or Stolen Visa Cards or Checks, please call 1-800-262-5678. When requested, enter your Access Code 92-576-39245.

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Page 23 OF 24 Statement Period 08/20/99 TO 09/24/99 Account # 000015

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

TOTAL ACCOUNT VALUE AS OF 11/26/1999 $56,289.00

65-596

MARY ELIZABETH CLEMENT C/F
ROBERT N CLEMENT UTMA/VA
UNTIL AGE 21
6202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5600

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-600-MER-LINK

Monthly Portfolio Summary

Asset	10/29/99 Value	%	11/26/99 Value	%
Cash/Money Funds	10	*	10	*
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities	34,785	70	39,871	71
Mutual Funds	14,833	30	16,408	29
Options				
Other				
*-Less than 1 %				
Long Market Value	49,628		56,289	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	49,628		56,289	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends		244 89
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends	804.11	907.74
Income Not Reported		
Total	804.11	1,152.63

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 10 Investor Credit Line

NEWS

Coming in December: The New Collective Wisdom Portfolios. For info, call your FC or (800) MERRILL, Ext. 4576. Merrill Lynch systems are Y2K-ready. During the year-end 12/31 - 1/2 weekend, please remember that regular end-of-year processing causes normal delays in the availability of account information posted on Merrill Lynch OnLine and all client service phone lines.

Financial Market Indicators

	This Statement	Last Statement	Previous Year-End
Dow Jones Industrial Average	10988.91	10731.76	9181.43
Three-Month Treasury Bills	5.28%	5.08%	4.45%
Long-Term Treasury Bonds	6.23%	6.16%	5.09%

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA® ACCOUNT

MARY ELIZABETH CLEMENT C/F

Cash Flow Summary

Activity Summary

	This Statement	Year-to-Date
Opening Balance Cash & Money Funds	10.74	
Net Credits & Debits		20,007.00DR
Closing Balance Cash & Money Funds	10.74	

Credits

	This Statement	Year-to-Date
Sales		6,389.27
Income	804.11	1,152.63
Funds Received		20,950.73
Other		7.92
Total Credits	804.11	28,500.55

Debits

	This Statement	Year-to-Date
Purchases		47,630.0
Withdrawals		
Other	804.11	877.5
Total Debits	804.11	48,507.5

Realized Capital Gain and Loss Summary*

	This Month	Year-to-Date
Short-Term	.00	(1,006.88)
Long-Term	.00	.00

*-Excludes transactions for which we have insufficient data.

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
	Cash and Money Funds									
10	CMA MONEY FUND		1.00	10	1.00	10				5.06

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Curre Yiak %
	Equities										
40	EBAY INC COM	EBAY		08/05/99	82.36	3,294	177.18	7,087	3,793		
1,000	** GLOBAL MARINE INC NEW	OLM		01/27/99	9.25	9,256	15.50	15,500	6,244		
150	** ORACLE CORP $0.01 DEL	ORCL		02/05/99	39.40	5,910	73.62	11,043	5,133		
90	PFIZER INC DEL PV$0.05	PFE		02/09/99	44.12	3,971	36.00	3,240	(731)	28	.8
300	** VOLKSWAGEN A G SPONS ADR	VLKAY		02/03/99	16.10	4,832	10.00	3,000	(1,832)	34	1.1
	Total Equities					27,263		39,871	12,607	63	.3

LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Current Yield %
	Mutual Funds and Defined Asset Funds										
Mutual Funds - Equity											
233	MFS CAP OPP FD CL C *			06/16/99	18.50	4,312	21.24	4,948	638		
	Total Client Investment			$4,274							
	Investment Return			$674							
404	MFS UTILITIES FUND SER TR VI UTILS CL C (.1130 FRACTIONAL SHARE)			02/03/99	10.81	4,367	12.83	5,183	817	50	.9
				N/A	N/A	N/A	12.83	1	N/A		.9
	Total Client Investment			$4,300							
	Investment Return			$883							
165	SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D (.2080 FRACTIONAL SHARE)			02/03/99	31.04	5,122	37.98	6,266	1,138		
				N/A	N/A	N/A	37.98	7	N/A		
	Total Client Investment			$4,142							
	Investment Return			$2,123							
	Total Mutual Funds - Equity					13,802		16,408	2,593	50	.3
	Total Mutual Funds					13,802		16,408	2,593	50	.3
	Total of Long Portfolio					41,078*		56,289	15,200 *	115	.2

DATE ACQUIRED: Date of your initial investment in this fund.
UNIT COST BASIS: Average cost basis for all shares owned
UNREALIZED GAIN or (LOSS): Total market value minus total cost basis

TOTAL CLIENT INVESTMENT: Cost of shares directly purchased (excluding shares purchased through reinvestment)
INVESTMENT RETURN: Value of reinvested shares plus capital appreciation(depreciation) of all shares purchased, including through reinvestment.

* - Excludes N/A Items

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CHECK MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Security Transactions			
11/03	Journal Entry	1	MFS UTILITIES FUND SER TR VI UTILS CL C FULL SHARE ACCUM			
11/24	Divd Reinv	3	SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D REINV AMOUNT $131.51 REINV PRICE $37.79000 QUANTITY BOT 3.4800 AS OF 11/19			
11/24	Divd Reinv	17	SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D REINV AMOUNT $668.35 REINV PRICE $37.79000 QUANTITY BOT 17.6860 AS OF 11/19			
11/24	Journal Entry	1	SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D FULL SHARE ACCUM			
			Net Total			
			Dividends and Interest			
11/02	* Dividend		MFS UTILITIES FUND SER TR VI UTILS CL C			4.25
11/23	* Lg Tm Cap Gain		SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D			668.35
11/23	* Sh Tm Cap Gain		SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D			131.51
			Net Total			804.11

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Other Activity			
11/02	Reinvestment		MFS UTILITIES FUND SER TR VI UTILS CL C		4.25	
11/03	Divd Reinv		MFS UTILITIES FUND SER TR VI UTILS CL C REINV AMOUNT $4.25 REINV PRICE $12.21000 QUANTITY BOT .3480 AS OF 10/29			
11/23	Reinvestment		SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D		668.35	
11/23	Reinvestment		SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D		131.51	
			Net Total		804.11	

LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Tax Information Summary

	This Statement	Year-to-Date
Accrued Interest Paid		
Tax-Exempt		
Reportable		16.05
Accrued Interest Received		
Tax-Exempt		
Reportable		
Gross Proceeds		6,389.27

Although we provide complete year-to-date information for Reportable Accrued Interest Received, Accrued Interest Paid and Tax-Exempt Accrued Interest Received and Paid include only those months we produce your profit and loss statement.

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
10/29	Opening Balance					.74CR	10
11/02	* Dividend		MFS UTILITIES FUND SER TR VI UTILS CL C		4.25CR		
11/02	Reinvestment		MFS UTILITIES FUND SER TR VI UTILS CL C		4.25		
11/03	Divd Reinv		MFS UTILITIES FUND SER TR VI UTILS CL C REINV AMOUNT $4.25 REINV PRICE $12.21000 QUANTITY BDT .3480 AS OF 10/29			.74CR	10

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
11/03	Journal Entry	1	NFS UTILITIES FUND SER TR VI UTILS CL C FULL SHARE ACCUM			.74CR	10
11/23	* Lg Tm Cap Gain		SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D		668.35CR		
11/23	Reinvestment		SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D		668.35		
11/23	* Sh Tm Cap Gain		SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D		131.51CR		
11/23	Reinvestment		SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D		131.51		
11/24	Divd Reinv	3	SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D REINV AMOUNT $131.51 REINV PRICE $37.79000 QUANTITY BOT 3.4800 AS OF 11/19			.74CR	10
11/24	Divd Reinv	17	SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D REINV AMOUNT $668.35 REINV PRICE $37.79000 QUANTITY BOT 17.6860 AS OF 11/19				
11/24	Journal Entry	1	SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D FULL SHARE ACCUM				
11/26	Closing Balance				.74CR	.74CR	10

Customer Service

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Statement Period 10/30/93 TO 11/26/93

Account No

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

TOTAL ACCOUNT VALUE AS OF 12/31/1999 $65,570.00

MARY ELIZABETH CLEMENT C/F
ROBERT N CLEMENT UTMA/VA
UNTIL AGE 21
8202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5600

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-LINK

Monthly Portfolio Summary

Asset	11/26/99 Value	%	12/31/99 Value	%
Cash/Money Funds	10	**	2,137	3
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities	39,871	71	50,636	77
Mutual Funds	16,408	29	12,797	20
Options				
Other				
**Long Market Value	56,289		65,570	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	56,289		65,570	

**-Less than 1 %

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	.46	245.35
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends	1,208.21	2,115.95
Income Not Reported		
Total	1,208.67	2,361.30

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 1,144 Investor Credit Line

NEWS

The 2000 Collective Wisdom Portfolios. Merrill Lynch's global research team has introduced the U.S. and International Collective Wisdom Portfolios, comprised of their top stock ideas for the year ahead. For more information and to get our 20 pg. report contact your Financial Consultant, log on to MLOL or call 1-800-Merrill ext. 4576.

Financial Market Indicators

	This Statement	Last Statement	Previous Year-End
Dow Jones Industrial Average	11497.12	10877.81	9181.43
Three-Month Treasury Bills	5.31%	5.29%	4.45%
Long-Term Treasury Bonds	6.47%	6.28%	5.09%

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Cash Flow Summary

Activity Summary	This Statement	Year-to-Date
Opening Balance Cash & Money Funds	10.74	
Net Credits & Debits	2,126.75	17,880.25DR
Closing Balance Cash & Money Funds	2,137.49	

Credits	This Statement	Year-to-Date
Sales	12,804.74	19,194.01
Income	1,208.67	2,361.30
Funds Received		20,950.73
Other		7.92
Total Credits	14,013.41	42,513.96

Debits	This Statement	Year-to-Date
Purchases	11,440.35	59,070.
Withdrawals		
Other	446.31	1,323.
Total Debits	11,886.66	60,394

Realized Capital Gain and Loss Summary*

	This Month	Year-to-Date
Short-Term	3,863.75	2,856.87
Long-Term	.00	.00

*-Excludes transactions for which we have insufficient data

The capital gains and losses shown above may not reflect all transactions which must be reported on your 1999 tax return. These reportable transactions will appear on your January statement.

LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Realized Monthly Capital Gains and Losses

Quantity	Security Description	Date of Acquisition	Date of Liquidation	Sales Price	Cost Basis	Gain or (Loss)	
500	GLOBAL MARINE INC NEW	01/27/99	12/28/99	8,314.37	4,628.41	3,685.96	ST
206	MFS CAP OPP FD CL C	06/16/99	12/28/99	3,970.02	3,806.88	163.14	ST
8	MFS CAP OPP FD CL C	07/12/99	12/28/99	154.17	154.72	(.55)	ST
1	MFS CAP OPP FD CL C	07/15/99	12/28/99	19.27	19.34	(.07)	ST
9	MFS CAP OPP FD CL C	08/09/99	12/28/99	173.45	161.90	11.55	ST
8	MFS CAP OPP FD CL C	09/13/99	12/28/99	154.18	150.88	3.30	ST
1	MFS CAP OPP FD CL C	09/16/99	12/28/99	19.28	18.86	.42	ST

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
	Cash and Money Funds									
	CASH			1,369		1,369				
768	CMA MONEY FUND		1.00	768	1.00	768			40	5.26
	Total Cash/Money Funds			2,137		2,137			40	5.27

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Curre Yiel %
	Equities										
200	AETHER SYSTEMS INC COM	AETH		12/28/99	57.20	11,440	71.62	14,325	2,885		
40	EBAY INC COM	EBAY		08/05/99	82.36	3,294	125.18	5,007	1,713		
500	** GLOBAL MARINE INC NEW	GLM		01/27/99	9.25	4,628	16.62	8,312	3,684		
150	** ORACLE CORP $0.01 DEL	ORCL		02/05/99	39.40	5,910	112.06	16,809	10,899		
90	PFIZER INC DEL PV$0.05	PFE		02/09/99	44.12	3,971	32.43	2,919	(1,051)	32	1.
300	** VOLKSWAGEN A G SPONS ADR	VLKAY		02/03/99	16.10	4,832	10.87	3,262	(1,569)	34	1.
	Total Equities					34,077		50,636	16,561	67	
	Mutual Funds and Defined Asset Funds										
	Mutual Funds - Equity										
442	MFS UTILITIES FUND SER TR VI UTILS CL C			02/03/99	10.91	4,824	12.74	5,631	810	54	
	Total Client Investment			$4,193							
	Investment Return			$1,437							
165	SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D (.2080 FRACTIONAL SHARE)			02/03/99	31.04	5,122	43.38	7,157	2,034		
				N/A	N/A	N/A	43.38	9	N/A		
	Total Client Investment			$4,142							
	Investment Return			$3,014							

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Curr Yiel %
	Total Mutual Funds - Equity					9,947		12,797	2,844	54	
	Total Mutual Funds					9,947		12,797	2,844	54	
	Total of Long Portfolio					46,162*		65,571	19,405 *	161	

DATE ACQUIRED: Date of your initial investment in this fund
UNIT COST BASIS: Average cost basis for all shares owned
UNREALIZED GAIN or (LOSS): Total market value minus total cost basis

TOTAL CLIENT INVESTMENT: Cost of shares directly purchased (excluding shares purchased through reinvestment)
INVESTMENT RETURN: Value of reinvested shares plus capital appreciation(depreciation) of all shares purchased, including through reinvestment.

* - Excludes N/A items

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Security Transactions			
12/06	Journal Entry	1	MFS UTILITIES FUND SER TR VI UTILS CL C FULL SHARE ACCUM			
12/13	Journal Entry	-1	MFS UTILITIES FUND SER TR VI UTILS CL C DIV REV FULL SHARE ACCUM			
12/22	Divd Reinv	28	MFS UTILITIES FUND SER TR VI UTILS CL C REINV AMOUNT $312.90 REINV PRICE $11.73000 QUANTITY BOT 28.3800 AS OF 12/02			

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Monthly Activity

Date		Transaction	Quantity	Description	Price	Debit	Credit
				Security Transactions			
12/22		Divd Reinv	9	MFS UTILITIES FUNU SER TR VI UTILS CL C REINV AMOUNT $109.28 REINV PRICE $11.73000 QUANTITY BOT 9.3160 AS OF 12/02			
12/22		Journal Entry	1	MFS UTILITIES FUND SER TR VI UTILS CL C FULL SHARE ACCUM			
12/31		Purchase	200	AETNER SYSTEMS INC COM AS OF 12/28	56.125	11,440.35	
12/31	*	Sale	-500	GLOBAL MARINE INC NEW	16.750		8,314.37
12/31	*	Sale	-233	MFS CAP OPP FU CL C DEFERRED SALES CHARGE AP PRICE 19.480000	19.480		4,490.37
				Net Total			1,364.39
				Dividends and Interest			
12/02	*	Dividend		MFS UTILITIES FUND SER TR VI UTILS CL C			4.13
12/09	*	Dividend		PFIZER INC DEL PV$0.05 HOLDING 90.0000			7.20
12/20	*	Lg Tm Cap Gain		MFS CAP OPP FD CL C			322.65
12/20	*	Sh Tm Cap Gain		MFS CAP OPP FD CL C			428.02
12/21	*	Lg Tm Cap Gain		MFS UTILITIES FUNO SER TR VI UTILS CL C			109.28
12/21	*	Sh Tm Cap Gain		MFS UTILITIES FUND SER TR VI UTILS CL C			332.90

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 Statement Period 11/27/99 TO 12/31/99 Account No. 015010

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Dividends and Interest			
12/11	Dividend		MFS UTILITIES FUND SEE TR VI UTILS CL C			4 0
12/11	Cash Dividend		CMA MONEY FUND FROM 11 25 THRU 12 11			41
			Net Total			1,408 67
			Other Activity			
12/02	Reinvestment		MFS UTILITIES FUND SEE TR VI UTILS CL C		4 11	
12/15	Divd Reinv		MFS UTILITIES FUND SEE TR VI UTILS CL C REINV AMOUNT 64 11 REINV PRICE $12 19000 QUANTITY NET 1210 AS OF 11/10			
12/21	Reinvestment		MFS UTILITIES FUND SEE TR VI UTILS CL C		109 28	
12/21	Reinvestment		MFS UTILITIES FUND SEE TR VI UTILS CL C		112 90	
			Net Total		448 31	

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Tax Information Summary

	This Statement	Year-to-Date
Accrued Interest Paid		
Tax-Exempt		
Reportable		16.05
Accrued Interest Received		
Tax-Exempt		
Reportable		
Gross Proceeds	12,804.74	19,194.01

Although we provide complete year-to-date information for Reportable Accrued Interest Received, Accrued Interest Paid and Tax-Exempt Accrued Interest Received and Paid include only those months we produce your profit and loss statement.

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
11/26	Opening Balance					.74CR	
12/02	* Dividend		MFS UTILITIES FUND SER TR V1 UTILS CL C		4.13CR		
12/02	Reinvestment		MFS UTILITIES FUND SER TR V1 UTILS CL C		4.13	.74CR	
12/06	Journal Entry	1	MFS UTILITIES FUND SER TR V1 UTILS CL C FULL SHARE ACCUM			.74CR	
12/09	* Dividend		PFIZER INC DEL PV$0.05 HOLDING 90.0000		7.20CR	7.94CR	

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
12/13	Journal Entry	-1	MFS UTILITIES FUND SER TR VI UTILS CL C DIV REV FULL SHARE ACCUM				
12/13	Purchase	7	CMA MONEY FUND		7.00	.94CR	
12/15	Divd Reinv		MFS UTILITIES FUND SER TR VI UTILS CL C REINV AMOUNT $4.13 REINV PRICE $12.79000 QUANTITY BOT .3230 AS OF 11/30			.94CR	
12/20	* Lg Tm Cap Gain		MFS CAP OPP FD CL C		322.65CR		
12/20	* Sh Tm Cap Gain		MFS CAP OPP FD CL C		428.02CR	751.61CR	
12/21	* Lg Tm Cap Gain		MFS UTILITIES FUND SER TR VI UTILS CL C		109.28CR		
12/21	Reinvestment		MFS UTILITIES FUND SER TR VI UTILS CL C		109.28		
12/21	* Sh Tm Cap Gain		MFS UTILITIES FUND SER TR VI UTILS CL C		332.90CR		
12/21	Reinvestment		MFS UTILITIES FUND SER TR VI UTILS CL C		332.90	751.61CR	
12/22	Divd Reinv	28	MFS UTILITIES FUND SER TR VI UTILS CL C REINV AMOUNT $332.90 REINV PRICE $11.73000 QUANTITY BOT 28.3800 AS OF 12/02				
12/22	Divd Reinv	9	MFS UTILITIES FUND SER TR VI UTILS CL C REINV AMOUNT $109.28 REINV PRICE $11.73000 QUANTITY BOT 9.3160 AS OF 12/02				

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MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
12/22	Journal Entry	1	MFS UTILITIES FUND SER TR VI UTILS CL C FULL SHARE ACCUM			751.81CR	
					751.00	.61CR	
12/27	Purchase	751	CMA MONEY FUND				
12/31	Purchase	200	AETHER SYSTEMS INC COM AS OF 12/28	56.125	11,440.35		
12/31	* Sale	-500	GLOBAL MARINE INC NEW	16.750	8,314.37CR		
12/31	* Dividend		MFS UTILITIES FUND SER TR VI UTILS CL C		4.03CR		
12/31	* Sale	-233	MFS CAP OPP FD CL C DEFERRED SALES CHARGE AP PRICE 19.480000	19.480	4,490.37CR		
12/31	Cash Dividend		CMA MONEY FUND FROM 11-25 THRU 12-31		.46CR		
12/31	Closing Balance				1,369.49CR	1,369.49CR	

Customer Service

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Merrill Lynch

MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA® ACCOUNT

TOTAL ACCOUNT VALUE AS OF 10/29/1999 $49,628.00

MARY ELIZABETH CLEMENT C/F
ROBERT N CLEMENT UTMA/VA
UNTIL AGE 21
8202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5600

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-LINK

Monthly Portfolio Summary

Asset	09/24/99 Value	%	10/29/99 Value	%
Cash/Money Funds	10	*	10	*
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities	35,497	72	34,785	70
Mutual Funds	13,651	28	14,833	30
Options				
Other				
*Less than 1 %				
Long Market Value	49,159		49,628	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	49,159		49,628	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends		244.89
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends	4.32	103.63
Income Not Reported		
Total	4.32	348.52

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 10 Investor Credit Line

NEWS

November 30th may be more important than April 15th! The tax planning process begins today. Merrill Lynch has outlined five strategies which may help your after-tax portfolio performance. To order "Harvesting Your Equity Portfolio for Tax Efficiency," call (800) MERRILL Ext. 4553 or your Financial Consultant.

Financial Market Indicators

	This Statement	Last Statement	Previou Year-E
Dow Jones Industrial Average	10731.76	10336.95	9101.4
Three-Month Treasury Bills	5.06%	4.84%	4.4
Long-Term Treasury Bonds	6.16%	6.05%	5.0

PLEASE SEE REVERSE SIDE

Page	Statement Period	Account No
13 of 20	09/25/99 TO 10/29/99	

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Merrill Lynch

MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA® ACCOUNT

MARY ELIZABETH CLEMENT C/F

Cash Flow Summary

Activity Summary	This Statement	Year-to-Date	Credits	This Statement	Year-to-Date	Debits	This Statement	Year-to-D
Opening Balance			Sales		6,389.27	Purchases		47,630
Cash & Money Funds	10.74		Income	4.32	346.52	Withdrawals		
			Funds Received		20,950.73	Other	4.32	73
Net Credits & Debits		20,007.000R	Other		7.92			
Closing Balance Cash & Money Funds	10.74		Total Credits	4.32	27,696.44	Total Debits	4.32	47,703

Realized Capital Gain and Loss Summary*

	This Month	Year-to-Date
Short-Term	.00	(1,006.68)
Long-Term	.00	.00

*-Excludes transactions for which we have insufficient data.

Merrill Lynch

MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA® ACCOUNT

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MARY ELIZABETH CLEMENT C/F

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
	Cash and Money Funds									
10	CMA MONEY FUND		1.00	10	1.00	10				4.96

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Curr Yiel %
	Equities										
40	EBAY INC COM	EBAY		08/05/99	82.36	3,294	135.12	5,405	2,111		
1,000	** GLOBAL MARINE INC NEW	GLM		01/27/99	9.25	9,256	15.18	15,187	5,931		
150	** ORACLE CORP $0.01 DEL	ORCL		02/05/99	39.40	5,910	47.56	7,134	1,224		
90	** PFIZER INC DEL PV$0.05	PFE		02/09/99	44.12	3,971	39.68	3,571	(399)	28	
300	** VOLKSWAGEN A G SPONS ADR	VLKAY		02/03/99	16.10	4,832	11.62	3,487	(1,344)	34	
	Total Equities					27,265		34,785	7,523	63	

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Merrill Lynch

MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA ACCOUNT

MARY ELIZABETH CLEMENT C/F

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income
	Mutual Funds and Defined Asset Funds									
Mutual Funds - Equity										
233	MFS CAP OPP FD CL C			06/16/99	18.50	4,312	19.29	4,494	184	
	Total Client Investment			$4,274						
	Investment Return			$220						
403	MFS UTILITIES FUND SER TR VI UTILS CL C [.7650 FRACTIONAL SHARE]			02/03/99	10.80	4,355	12.21	4,920	567	52
				N/A	N/A	N/A	12.21	9	N/A	
	Total Client Investment			$4,288						
	Investment Return			$632						
144	SELIGMAN COMMUNICATIONS & INFORMATION FUND CL D [.0420 FRACTIONAL SHARE]			02/03/99	30.06	4,329	37.55	5,407	1,078	
				N/A	N/A	N/A	37.55	1	N/A	
	Total Client Investment			$4,142						
	Investment Return			$1,264						
	Total Mutual Funds - Equity					12,997		14,833	1,829	52
	Total Mutual Funds					12,997		14,833	1,829	52

DATE ACQUIRED: Date of your initial investment in this fund.
UNIT COST BASIS: Average cost basis for all shares owned
UNREALIZED GAIN or (LOSS): Total market value minus total cost basis

TOTAL CLIENT INVESTMENT: Cost of shares directly purchased (excluding shares purchased through reinvestment)
INVESTMENT RETURN: Value of reinvested shares plus capital appreciation(depreciation) of all shares purchased, including through reinvestment.

	Total of Long Portfolio					40,273*		49,628	9,352 *	116

* - Excludes N/A Items

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Merrill Lynch

MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA® ACCOUNT

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MARY ELIZABETH CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Dividends and Interest			
10/04	* Dividend		MFS UTILITIES FUND SER TR VI UTILS CL C			4.32
			Net Total			4.32
			Other Activity			
10/04	Reinvestment		MFS UTILITIES FUND SER TR VI UTILS CL C		4.32	
10/05	Divd Reinv		MFS UTILITIES FUND SER TR VI UTILS CL C REINV AMOUNT $4.32 REINV PRICE $11.46000 QUANTITY BOT .3770 AS OF 09/30			
			Net Total		4.32	

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Merrill Lynch

MASTER FINANCIAL SERVICE

MERRILL LYNCH [redacted] ACCOUNT

MARY ELIZABETH CLEMENT C/F

Tax Information Summary

	This Statement	Year-to-Date
Accrued Interest Paid		
Tax-Exempt		
Reportable		16.05
Accrued Interest Received		
Tax-Exempt		
Reportable		
Gross Proceeds		6,389.27

Although we provide complete year-to-date information for Reportable Accrued Interest Received, Accrued Interest Paid and Tax-Exempt Accrued Interest Received and Paid include only those months we produce your profit and loss statement.

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
08/24	Opening Balance					10.74CR	
09/27	Purchase	10	CMA MONEY FUND		10.00	.74CR	10
10/04	* Dividend		MFS UTILITIES FUND SER TR VI UTILS CL C		4.32CR		
10/04	Reinvestment		MFS UTILITIES FUND SER TR VI UTILS CL C		4.32	.74CR	10

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Merrill Lynch

MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA ACCOUNT

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MARY ELIZABETH CLEMENT C/F

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
10/05	Divd Reinv		MFS UTILITIES FUND SER TR VI UTILS CL C REINV AMOUNT $4.32 REINV PRICE $11.46000 QUANTITY BOT .3770 AS OF 09/30				
10/29	Closing Balance				.74CR	.74CR	10

Customer Service

For information about your account, please call 1-800-MER-LINK (1-800-637-5465). To report Lost or Stolen Visa Cards or Checks, please call 1-800-282-5576. When requested, enter your Access Code 82-576-39245.

PLEASE SEE REVERSE SIDE

Statement Period 09/25/99 TO 10/29/99

Account No

1092

ACCOUNT # PAGE # SOCIAL SEC. #
PAGE 1

STATEMENT PERIOD 01/01/99 TO 03/26/99
EIN NUMBER 00-0000000

FINANCIAL CONSULTANT
GARY O BAKER
(615) 747-5600

ACCOUNT TYPE
IRA

OFFICE SERVING YOUR ACCOUNT
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

MLPF& S CUST FPO
MARY C CLEMENT IRA
FBO MARY C CLEMENT
8202 TREEBROOKE LN
ALEXANDRIA VA 22308

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Page 1

***** ACCOUNT SUMMARY *****

PRICED PORTFOLIO		DIVIDEND/INTEREST	
AS OF 03/26/99. . . .	$3,793.07	THIS STATEMENT.....	$18.82CR
AS OF 12/31/98. . . .	$2,000.00	THIS YEAR	$18.82CR

***** CONTRIBUTION INFORMATION *****

	TAX YEAR 1998	TAX YEAR 1999
IRA CONTRIBUTIONS	$.00	$2,000.00
INCLUDED IN THE ABOVE: IRA CONTRIBUTIONS YOU WISH TO RECORD AS NON-DEDUCTIBLE	$.00	$2,000.00

IRA CONTRIBUTIONS YOU WISH TO RECORD AS NON-DEDUCTIBLE (LIFE-TO-DATE): $2,000.00

***** MONEY ACCOUNT QUARTERLY DIVIDEND/INTEREST RECAP *****

MONEY ACCOUNT	JANUARY	FEBRUARY	MARCH	CURRENT MONTH'S EFFECTIVE YIELD
RETIREMENT RESERVES CL I	$6.26	$7.26	$5.30	4.60

***** DAILY ACCOUNT ACTIVITY *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
01 01	OPENING BALANCE			$2000.00CR
01 05	FUND DELIVERY	2000 ML RETIREMENT RSRVS CL I		
01 05	PURCHASE	2000 ML RETIREMENT RSRVS CL I		$2000.00
03 22	SALE	2018 ML RETIREMENT RSRVS CL I		$2018.00CR
03 22	RECEIVED	2018 ML RETIREMENT RSRVS CL I		
03 22	PURCHASE	80 MONSANTO CO	48 1/4	$3915.75
03 24	FUNDS RECEIVED	1999 NONDEDUCT CONTRIB		$2000.00CR
03 25	FUND DELIVERY	102 ML RETIREMENT RSRVS CL I		
03 25	PURCHASE	102 ML RETIREMENT RSRVS CL I		$102.00
03 26	CLOSING BALANCE			$.25CR

***** CURRENT PORTFOLIO *****

QUANTITY	INVESTMENT DESCRIPTION	CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
80	**MONSANTO CO	46.125	$3690	.26	$10
TOTALS FOR PRICED INVESTMENTS			$3690		$10

MONEY ACCOUNT	OPENING BALANCE AS OF 01/01	CLOSING BALANCE AS OF 03/26	DIVIDENDS/INTEREST THIS STMT.	YEAR TO DATE
RETIREMENT RESERVES CL I	$.00	$102.82	$18.82	$18.82

YEAR-END PLAN VALUE AS OF 12/31/98:

IRA END OF STATEMENT MARCH. 1999

DUPLICATE MERRILL LYNCH STATEMENT.
STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

ACCOUNT # F/C# PAGE # SOCIAL SEC #

STATEMENT PERIOD 03/27/99 TO 06/25/99
EIN NUMBER 00-0000000

FINANCIAL CONSULTANT
GARY D BAKER
(615) 747-5600

ACCOUNT TYPE
IRA

OFFICE SERVING YOUR ACCOUNT
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

MLPF& S CUST FPO
MARY C CLEMENT IRA
FBO MARY C CLEMENT
8202 TREEBROOKE LN
ALEXANDRIA VA 22308

Schedule 3
Page 2

***** ACCOUNT SUMMARY *****

PRICED PORTFOLIO		DIVIDEND/INTEREST	
AS OF 06/25/99. . . .	$3,266.51	THIS STATEMENT.....	$3.44CR
AS OF 03/26/99. . . .	$3,793.07	THIS YEAR	$22.26CR

***** CONTRIBUTION INFORMATION *****

	TAX YEAR 1998	TAX YEAR 1999
IRA CONTRIBUTIONS	$.00	$2,000.00
INCLUDED IN THE ABOVE: IRA CONTRIBUTIONS YOU WISH TO RECORD AS NON-DEDUCTIBLE	$.00	$2,000.00

IRA CONTRIBUTIONS YOU WISH TO RECORD AS NON-DEDUCTIBLE (LIFE-TO-DATE): $2,000.00

***** MONEY ACCOUNT QUARTERLY DIVIDEND/INTEREST RECAP *****

MONEY ACCOUNT	APRIL	MAY	JUNE	CURRENT MONTH'S EFFECTIVE YIELD
RETIREMENT RESERVES CL I	$.40	$.32	$.32	4.57

***** DAILY ACCOUNT ACTIVITY *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
03 27	OPENING BALANCE			$.25CR
06 11	*Dividend	MONSANTO CO HOLDING 80.0000		$2.40CR
06 14	Fund Delivery	2 ML RETIREMENT RSRVS CL I		
06 14	Subscription	2 ML RETIREMENT RSRVS CL I		$2.00
06 25	CLOSING BALANCE			$.65CR

***** CURRENT PORTFOLIO *****

QUANTITY	INVESTMENT DESCRIPTION	CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
80	**MONSANTO CO	39.500	$3160	.30	$9
TOTALS FOR PRICED INVESTMENTS			$3160		$9

MONEY ACCOUNT	OPENING BALANCE AS OF 03/27	CLOSING BALANCE AS OF 06/25	DIVIDENDS/INTEREST THIS STMT.	YEAR TO DATE
RETIREMENT RESERVES CL I	$102.82	$105.86	$1.04	$19.86

IRA JUNE, 1999

DUPLICATE MERRILL LYNCH STATEMENT.
STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MLPF& S CUST FPO
MARY C CLEMENT IRA

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****IMPORTANT TAX REPORTING INFORMATION****

YOUR DATE OF BIRTH AND SOCIAL SECURITY NUMBER ARE VITAL PIECES OF INFORMATION REQUIRED TO ENSURE THAT THE GOVERNMENT REPORTING DONE ON YOUR ACCOUNT IS ACCURATE. PLEASE VERIFY THE INFORMATION BELOW AND CONTACT YOUR FINANCIAL CONSULTANT IF ANY CHANGE IS NECESSARY. THANK YOU.

DATE OF BIRTH: 6, 1944

SOCIAL SECURITY NUMBER: 415-72-5158

YEAR-END PLAN VALUE AS OF 12/31/98:

WELCOME TO MERRILL LYNCH & YOU. SEE THE ENCLOSED BROCHURE TO LEARN HOW WE'RE REBUILDING OUR STRENGTHS AROUND YOUR NEEDS.

IRA END OF STATEMENT JUNE, 1999

DUPLICATE MERRILL LYNCH STATEMENT.
STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

PAGE # 1

STATEMENT PERIOD
06/26/99 TO 09/24/99

FIN NUMBER
00-0000000

FINANCIAL CONSULTANT
GARY D BAKER
(615) 747-5600

ACCOUNT TYPE
IRA

OFFICE SERVING YOUR ACCOUNT
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

MLPF& S CUST FPO
MARY C CLEMENT IRA
FBO MARY C CLEMENT
8202 TREEBROOKE LN
ALEXANDRIA VA 22308

Schedule 3
Page 4

***** ACCOUNT SUMMARY *****

PRICED PORTFOLIO		DIVIDEND/INTEREST	
AS OF 09/24/99. . . .	$2,909.98	THIS STATEMENT.....	$3.47CR
AS OF 06/25/99. . . .	$3,266.51	THIS YEAR	$25.73CR

***** CONTRIBUTION INFORMATION *****

	TAX YEAR 1998	TAX YEAR 1999
IRA CONTRIBUTIONS	$.00	$2,000.00
INCLUDED IN THE ABOVE: IRA CONTRIBUTIONS YOU WISH TO RECORD AS NON-DEDUCTIBLE	$.00	$2,000.00

IRA CONTRIBUTIONS YOU WISH TO RECORD AS NON-DEDUCTIBLE (LIFE-TO-DATE): $2,000.00

***** MONEY ACCOUNT QUARTERLY DIVIDEND/INTEREST RECAP *****

MONEY ACCOUNT	JULY	AUGUST	SEPTEMBER	CURRENT MONTH'S EFFECTIVE YIELD
RETIREMENT RESERVES CL I	$.40	$.32	$.35	4.94

***** DAILY ACCOUNT ACTIVITY *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
06 26	OPENING BALANCE			$.65CR
09 10	*Dividend	MONSANTO CO HOLDING 80.0000		$2.40CR
09 13	Fund Delivery	3 ML RETIREMENT RSRVS CL I		
09 13	Subscription	3 ML RETIREMENT RSRVS CL I		$3.00
09 24	CLOSING BALANCE			$.05CR

***** CURRENT PORTFOLIO *****

QUANTITY	INVESTMENT DESCRIPTION	CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
80	**MONSANTO CO	35.000	$2800	.34	$10
TOTALS FOR PRICED INVESTMENTS			$2800		$10

MONEY ACCOUNT	OPENING BALANCE AS OF 06/26	CLOSING BALANCE AS OF 09/24	DIVIDENDS/INTEREST THIS STMT.	YEAR TO DATE
RETIREMENT RESERVES CL I	$105.86	$109.93	$1.07	$20.93

YEAR-END PLAN VALUE AS OF 12/31/98:

IRA SEPTEMBER, 1999

*DUPLICATE MERRILL LYNCH STATEMENT.
STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

ACCOUNT #	F/C#	PAGE #	SOCIAL SEC. #
	3517	2	

MLPF& S CUST FPO
MARY C CLEMENT IRA

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***** IMPORTANT CUSTODIAL FEE INFORMATION *****

YOUR 1999 CUSTODIAL FEE IS SCHEDULED TO BE PAID FROM YOUR RETIREMENT ACCOUNT IN NOVEMBER, 1999.

YOU MAY CHANGE YOUR METHOD OF PAYMENT BY CONTACTING YOUR FINANCIAL CONSULTANT BEFORE OCTOBER 22, 1999. THANK YOU.

WE ARE PLEASED TO INTRODUCE AN ENHANCED NEWSLETTER. PLEASE CHECK THE INSERTS FOR INFORMATION ON RETIREMENT-ACCOUNT FEES.

IRA END OF STATEMENT SEPTEMBER, 1999

DUPLICATE MERRILL LYNCH STATEMENT.
STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH RETIREMENT ACCOUNT

TOTAL ACCOUNT VALUE AS OF 11/26/1999 $3,645.00

MLPF& S CUST FPO
MARY C CLEMENT IRA
FBO MARY C CLEMENT
6202 TREEBROOKE LN
ALEXANORIA VA 22308-1706

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5600

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-LINK

Monthly Portfolio Summary

Asset	10/29/99 Value	%	11/26/99 Value	%
Cash/Money Funds			75	2
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities			3,570	98
Mutual Funds				
Options				
Other				
Long Market Value			3,645	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value			3,645	

Income Summary

	This Statement	Year-to-Date
Fund Dividends	.36	21.93
Interest Income		
Dividend Income		4.80
Total	.36	26.73

Items for Attention

Security	Message	Date
	No Items For Attention	

NEWS

Coming in December: The New Collective Wisdom Portfolios. For info, call your FC or (800) MERRILL, Ext. 4576. Merrill Lynch systems are Y2K-ready. During the year-end 12/31 - 1/2 weekend, please remember that regular end-of-year processing causes normal delays in the availability of account information posted on Merrill Lynch OnLine and all client service phone lines.

Financial Market Indicators

	This Statement	Last Statement	Previous Year-End
Dow Jones Industrial Average	10988.91	10731.76	9181.43
Three-Month Treasury Bills	5.28%	5.08%	4.45%
Long-Term Treasury Bonds	6.23%	6.16%	5.09%

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH RETIREMENT ACCOUNT

FBO MARY C CLEMENT

Cash Flow Summary

Activity Summary	This Statement	Year-to-Date	Credits	This Statement	Year-to-Date	Debits	This Statement	Year-to-Date
Opening Balance Cash & Money Funds	110.62		Sales			Purchases		3,915.7
			Income	.36	26.73	Withdrawals		
			Funds Received		2,000.00	Other	35.00	35.0
Net Credits & Debits	36.66DR	1,926.02DR	Other					
Closing Balance Cash & Money Funds	73.98							
			Total Credits	.36	2,025.73	Total Debits	35.00	3,950.7

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
	Cash and Money Funds									
75	RETIREMENT RESERVES CL I		1.00	75	1.00	75			3	5.22

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insurance 3
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MERRILL LYNCH RETIREMENT ACCOUNT

FBO MARY C CLEMENT

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Curre Yield %
	Equities										
80	** MONSANTO CO	MTC		03/17/99	48.94	3,915	44.62	3,570	(345)	9	.:
	Total Equities					3,915		3,570	(345)	9	.:
	Total of Long Portfolio					3,991		3,645	(345)	13	.:

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Dividends and Interest			
	Income Total		RETIREMENT RESERVES CL I			.36
			Net Total			.36
			Funds Received, Withdrawals, and Charges			
11/09	Redeemed	-35	ML RETIREMENT RSRVS CL I			35.00
11/09	Received	35	ML RETIREMENT RSRVS CL I			
			Net Total			35.00

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LIGHTE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

MERRILL LYNCH RETIREMENT ACCOUNT

FBO MARY C CLEMENT

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Other Activity			
11/08	Custodial Fee		1999 CUSTODIAL FEE		35.00	
			Net Total		35.00	
			Customer Service			

For information about your account, please call 1-800-MER-LINK (1-800-637-5465). To report Lost or Stolen Visa Cards or Checks, please call 1-800-282-5878. When requested, enter your Access Code 81-578-44387.

174632 — PLEASE SEE REVERSE SIDE

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LLCATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

MERRILL LYNCH RETIREMENT ACCOUNT

FBO MARY C CLEMENT

Retirement Account Money Funds Summary

Description	Fund Balances Opening	Fund Balances Closing	Dividends This Statement	Dividends Year-to-Date
Retirement Reserves CL 1	$110.57	$75.93	$.36	$21.93

Retirement Account Plan Summary

Account Type: IRA	Plan Number: 7700700	Social Security Number	415-72-5158
Year-End Plan Value as of December 31, 1998	$.00	Tax Identification Number	00-0000000
Contributions after December 30, 1998 for 1998	$.00	Date of Birth	06/25/44

	Tax Year 1999	Tax Year 1998
Contributions:		
Nondeductible Contributions	$2,000.00	$.00

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MERRILL LYNCH RETIREMENT ACCOUNT

FBO MARY C CLEMENT

Agreement Regarding Your Securities Account and Other Important Information
You, the Client, and we, Merrill Lynch, Pierce, Fenner & Smith Inc., agree as follows
1) We will direct your order for a multi-listed security or option to the market place we consider o be the primary market for that security, unless you give us specific instructions to direct he order elsewhere.
2) We will hold bonds and preferred stocks in bulk segregation (except for those held in custodian accounts) in the event of a call for less than an entire issue or series of those securities, he securities to be called will be automatically selected on a random basis from those held in bulk. The probability that your holdings will be selected is proportional to the amount of your holdings elative to those of other customers.
3) If you have any obligations to us we can, subject to applicable rules and regulations of egulatory bodies, without notifying you, take any of the following actions with any or all securities n your account, including securities you may acquire or deposit to secure your account.
We can pledge, repledge, hypothecate, or rehypothecate the securities. They may be commingled with securities carried for the accounts of other customers.
We can lend the securities.
We can deliver the securities on contracts for other customers even if we do not have in our possession and control a like amount of similar securities for delivery.
No can take any of these actions until you have discharged all your obligations to us. The amount nvolved in these actions may be more or less than the amount you owe us.
4) We are not responsible for the loss or destruction of securities that are placed in the custody of a oreign bank or broker or other custodian, and are lost or destroyed as a result of war, ivil commotion, enemy action, government acts or any other causes beyond the control of the epository or us.
5) This statement of account shall be deemed conclusive if not objected to within ten (10) days.
6) We can transfer your account to anyone by assignment, merger, consolidation or otherwise, unless ou give us written notice to the contrary at the time. This agreement will inure to the benefit of nyone to whom we transfer the accounts. Nothing contained in this paragraph shall effect your ight to transfer your account under NYSE Rule #12.

nsurance
We are a member of the Securities Investor Protection Corporation (SIPC). The securities held in our account are covered by SIPC protection and excess-SIPC protection obtained by Merrill Lynch. For details, refer to the Program Description for your account, if applicable, or speak with your Financial Consultant. We are not a bank, and the securities offered by us, unless otherwise indicated, are not backed or guaranteed by any bank nor are they insured by the FDIC.

Other Important Information
1) Depository institutions participating in the ISA program and Merrill Lynch Bank USA in he CMA 2.0 program pay us a fee up to 2% per annum of the average daily depository account balances in each program respectively.
2) You will have the right to vote full shares, and we will solicit instructions concerning the olling of full shares held in your account. If such instructions are not received by us on a timely asis, the voting shares in your account will be governed by the rules and policies of the New York Stock Exchange and the Securities and Exchange Commission than in effect

Merrill Lynch, Pierce, Fenner & Smith Inc.
World Financial Center
North Tower
New York, N Y 10281-1332
Member, Securities Investor Protection Corporation (SIPC)

Other Important Information (Continued)
(3) This statement serves as a confirmation of purchases that result from automatic reinvestment transactions, as well as your AIPS transactions, during the statement period.
(4) Insurance policy information is based on data from the insurer that issued the policy. Merrill Lynch is not responsible for the calculation of policy values. Policies are generally not held in your Merrill Lynch account. If Merrill Lynch as custodian or trustee holds a policy that is a security, SIPC protection and excess SIPC protection applies.
(5) As an option customer, please advise your Financial Consultant promptly of any material change in your investment objectives or financial condition. Individual options commission charges have been included in your confirmation; however, a summary of this information will be made available to you upon request.
(6) Our financial statement is available for your personal inspection at our office, or a copy of it will be mailed upon your written request.

Special Note: If your records differ from this information, please notify your Financial Consultant in writing with a copy of the statement noting the discrepancy and, if appropriate, any necessary adjustments will be made.

WCMA Loan Account Activity
Reports important information from Merrill Lynch Business Financial Services Inc. (MLBFS, Inc.) through which the WCMA Line of Credit is made available. Includes information on your Line of Credit Loan Balance, Loan Subject to Interest, and Loan Interest Charged. Interest charges accrue daily during the statement period with each day being deemed to constitute 1/360 of a year. Refer to the WCMA Agreement and documents required by MLBFS for details.

Managed Trust Units
Information for RCMA for Business Retirement Plan clients on units of the Merrill Lynch GIC Managed Trust is reported from information supplied by the Merrill Lynch Trust Company or its agent. Neither the Trust nor its units are held in your Merrill Lynch, Pierce, Fenner & Smith Inc. account and therefore, are not subject to SIPC protection. An annual report will be furnished separately.

Symbols and Abbreviations

	Interest reported to IRS by Merrill Lynch as required by law.
*	Gross Proceeds reported to the IRS by Merrill Lynch as required by law.
**	Dividends reported to the IRS by Merrill Lynch as required by law.
.	Merrill Lynch maintains a fundamental opinion on this company.
	Transactions reported to IRS.
@	Transaction you requested required same-day payment - MLPF&S retained last day's dividend to offset cost of advancing payment on your behalf.
A	This transaction was effected through a specialist which is our affiliate. In connection with its market making activity, such specialist may have a long or short position in this stock or in options on this stock and may be on the other side of public orders executed on the exchange. Such specialists may have profited or lost in connection with this transaction.
N/A	Value and/or cost data not available.
N/C	Not calculated.
N/N	Non-negotiable securities.
N/N N/O	Non-negotiable securities held registered in your name.
N/O	Held registered in your name.
NOCC	Options Clearing Corporation.
N/O CUST	Non-negotiable Custodian Registration.
NPC	Interests in assets not registered in the name of nor held by us or our nominee and held by you or registered in your name with the issuer or its agent. Merrill Lynch, Pierce, Fenner & Smith Inc. does not control or act as custodian for these investments.
RD	Bonds are changeable from coupon to registered and vice versa without charge
RG	Bonds registered for both principal and interest.

015490 _ PLEASE SEE REVERSE SIDE "END OF STATEMENT"

Page	Statement Period	Account No.
34 OF 34	11/27/99 TO 12/31/99	

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LEGAL: MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

MERRILL LYNCH RETIREMENT ACCOUNT

TOTAL ACCOUNT VALUE AS OF 12/31/1999 $2,913.00

MLPF& S CUST FPO
MARY C CLEMENT IRA
FBO MARY C CLEMENT
9202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5600

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-LINK

Monthly Portfolio Summary

Asset	11/26/99 Value	%	12/31/99 Value	%
Cash/Money Funds	75	2	78	3
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities	3,570	98	2,834	97
Mutual Funds				
Options				
Other				
Long Market Value	3,645		2,913	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	3,645		3,913	

Income Summary

	This Statement	Year-to-Date
Fund Dividends	.37	22.30
Interest Income		
Dividend Income	2.40	7.20
Total	2.77	29.50

Items for Attention

Security	Message	Date
	No Items For Attention	

NEWS

The 2000 Collective Wisdom Portfolios. Merrill Lynch's global research team has introduced the U.S. and International Collective Wisdom Portfolios, comprised of their top stock ideas for the year ahead. For more information and to get our 20 pg. report contact your Financial Consultant, log on to MLOL or call 1-800-Merrill ext. 4576.

Financial Market Indicators

	This Statement	Last Statement	Previous Year-En
Dow Jones Industrial Average	11497.12	10877.81	9181.43
Three-Month Treasury Bills	5.31%	5.29%	4.45
Long-Term Treasury Bonds	6.47%	6.28%	5.05

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MERRILL LYNCH RETIREMENT ACCOUNT

FBO MARY C CLEMENT

Cash Flow Summary

Activity Summary

	This Statement	Year-to-Date
Opening Balance Cash & Money Funds	75.98	
Net Credits & Debits	2.77	1,921.25DR
Closing Balance Cash & Money Funds	78.75	

Credits

	This Statement	Year-to-Date
Sales Income	2.77	29.50
Funds Received		2,000.00
Other		
Total Credits	2.77	2,029.50

Debits

	This Statement	Year-to-Date
Purchases		3,915.7
Withdrawals		
Other		35.0
Total Debits		3,950.7

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
	Cash and Money Funds									
78	RETIREMENT RESERVES CL I		1.00	78	1.00	78			4	5.46

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LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

MERRILL LYNCH RETIREMENT ACCOUNT

FBO MARY C CLEMENT

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Curr Yiel %
	Equities										
80	MONSANTO CO	MTC		03/17/99	48.94	3,915	35.43	2,834	(1,080)	9	
	Total Equities					3,915		2,834	(1,080)	9	
	Total of Long Portfolio					3,994		2,933	(1,080)	13	

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Dividends and Interest			
12/10	Dividend		MONSANTO CO HOLDING 80.0000			2.40
	Income Total		RETIREMENT RESERVES CL I			.37
			Net Total			2.77
			Funds Received, Withdrawals, and Charges			
12/13	Fund Delivery	-2	ML RETIREMENT RSRVS CL I		2.00	
12/13	Subscription	2	ML RETIREMENT RSRVS CL I			
			Net Total		2.00	

LICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH RETIREMENT ACCOUNT

FBO MARY C CLEMENT

Customer Service

For information about your account, please call 1-800-MER-LINK (1-800-637-5465). To report Lost or Stolen Visa Cards or Checks, please call 1-800-262-5678. When requested, enter your Access Code 81-578-44387.

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Page	Statement Period	Account No.
32 OF 34	11/27/99 TO 12/31/99	:7

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LOCATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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MERRILL LYNCH RETIREMENT ACCOUNT

FBO MARY C CLEMENT

Retirement Account Money Funds Summary

Description	Fund Balances Opening	Fund Balances Closing	Dividends This Statement	Dividends Year-to-Date
Retirement Reserves CL I	$75.93	$78.30	$.37	$22.30

Retirement Account Plan Summary

Account Type: IRA	Plan Number: 7700700	Social Security Number	415-72-5158
Year-End Plan Value as of December 31, 1999	$2,913.00	Tax Identification Number	00-0000000
Contributions after December 30, 1998 for 1998	$.00	Date of Birth	06/25/44
Life-To-Date Nondeductible Contributions	$2,000.00		

Contributions:	Tax Year 1999	Tax Year 1998
Nondeductible Contributions	$2,000.00	$.00

In calculating mandatory distributions, or for the purpose of completing IRS Form 8606, you must use the value of your account as of 12/31/99. This value should include your Priced Portfolio total and the value of certain limited partnerships and other direct investments as well as any securities that we are unable to price - marked "Unavailable". The "Year-End Plan Value" shown consists of your Priced Portfolio total plus the estimated value of limited partnerships or other direct investments reported on your year-end statement.

For IRA, IRRA and SEP/IRA accounts, the Year-End Plan Value represents the valuation we must furnish to you and the Internal Revenue Service as part of the IRS Form 5498 reporting requirements.

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

TOTAL ACCOUNT VALUE AS OF 01/29/1999 $403.00

*** ROBERT N CLEMENT
6202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-8600

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-LINK

Monthly Portfolio Summary

Asset	12/31/98 Value	%	01/29/99 Value	%
Cash/Money Funds	2,502	100	403	100
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities				
Mutual Funds				
Options				
Other				
Long Market Value	2,502		403	
Short Market Value				
Estimated Accrued Interest				
Debit Balance	(1,999)			
Net Portfolio Value	503		403	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	1.48	1.48
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends		
Income Not Reported		
Total	1.48	1.48

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 403 Investor Credit Line

NEWS

Enjoy the availability of 24 hour/7 days a week access to customer service, as well as account and market information. Call TOLL FREE 877 2PRIORITY for Priority Phone. See your accompanying newsletter for details.

Financial Market Indicators

	This Statement	Last Statement	Previous Year-End
Dow Jones Industrial Average	9358.83	9181.43	9181.43
Three-Month Treasury Bills	4.45%	4.45%	4.45%
Long-Term Treasury Bonds	5.09%	5.09%	5.09%

PLEASE SEE REVERSE SIDE

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

ROBERT H CLEMENT

Cash Flow Summary

Activity Summary	This Statement	Year-to-Date	Credits	This Statement	Year-to-Date	Debits	This Statement	Year-to-Date
Opening Balance Cash & Money Funds	503.23		Sales			Purchases		
			Income	1.48	1.48	Withdrawals		
			Funds Received			Other	100.00	100.00
Net Credits & Debits	98.52DR	98.52DR	Other					
Closing Balance Cash & Money Funds	403.71		Total Credits	1.48	1.48	Total Debits	100.00	100.00

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
	Cash and Money Funds									
403	CMA MONEY FUND		1.00	403	1.00	403			18	4.58
	Total Cash/Money Funds			403		403			18	4.58
	Total of Long Portfolio			403		403			18	4.58

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

ROBERT N CLEMENT

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Dividends and Interest			
01/29	Share Dividend	1	CMA MONEY FUND			
01/29	Cash Dividend		CMA MONEY FUND FROM 1-01 THRU 1-28			.48
	Income Total		CMA MONEY FUND SHARE DIVIDEND			1.00
			Net Total			1.48
			Other Activity			
01/06	Annual Charge		CMA INITIAL ANNUAL FEE		100.00	
			Net Total		100.00	

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
12/31	**Opening Balance**					1,999.77	2,902
01/04	Sale	-2,000	CMA MONEY FUND REDEMPT AS OF 12/31/1998		2,000.00CR	.23CR	502
01/06	Annual Charge		CMA INITIAL ANNUAL FEE		100.00		
01/06	Sale	-100	CMA MONEY FUND		100.00CR	.23CR	402
01/29	Share Dividend	1	CMA MONEY FUND				

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

ROBERT H CLEMENT

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
01/29	Cash Dividend		CMA MONEY FUND FROM 1-01 THRU 1-28		.48CR		
01/29	Closing Balance				.71CR	.71CR	403

Customer Service

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CMA LINK SERVICE

ROBERT N CLEMENT
8202 TREEBROOKE LN
ALEXANDRIA VA 22306-1706

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5600

For Client Service Questions Call:
1-800-MER-LINK

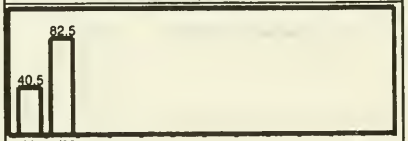
Office Serving Your Account
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

Total Value as of January 29, 1999
$82,533.00

Asset Allocation Summary

Cash
100%

Total Value Comparison (in $ thousands)



*Link relationship change

Activity Summary

	Jan 99	Jan 99 To Date
Beginning Value	40,537	40,53
Nat Deps/Wthdrwls	41,900	41,90
Div/Int Income	245	24
Chg in Market Value	-149	-14
Ending Value	82,533	82,53

Statement Information

Account No.	Account Name	Page
576-39843	ROBERT N CLEMENT	1 to 4
576-39844	ROBERT N CLEMENT UTMA/VA	5 to 8
576-39845	ROBERT N CLEMENT UTMA/VA	9 to 14

Summary of Account(s)

Account Type	Total Value This Month	Total Value Last Month	Gains and Losses YTD Realized	Gains and Losses Unrealized
1 Master CMA	403	503	-	-
2 CMA Subacct	41,065	20,017	-	-
3 CMA Subacct	41,065	20,017	-	-
Total	82,533	40,537	-	-

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Page	Statement Period	Account No.
SUMMARY 1	01/01/99 TO 01/29/99	

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CMA LINK SERVICE

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CMA LINK SERVICE

ROBERT N CLEMENT
8202 TREEBROOKE LN
ALEXANDRIA VA 22306-1706

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5800

For Client Service Questions Call:
1-800-MER-LINK

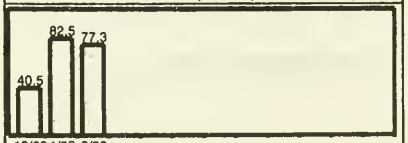
Office Serving Your Account
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

Total Value as of February 26, 1999
$77,317.00

Asset Allocation Summary

*May not reflect all holdings

Total Value Comparison (in $ thousands)



*Link relationship change

Activity Summary

	Feb 99	Jan 99 To Date
Beginning Value	82,533	40,937
Net Deps/Wthdrwls	0	41,900
Div/Int Income	166	411
Chg in Market Value	-5,382	-5,531
Ending Value	77,317	77,317

Statement Information

Account No.	Account Name	Page
576-39843	ROBERT N CLEMENT	1 to 4
576-39844	ROBERT N CLEMENT UTMA/VA	5 to 14
576-39845	ROBERT N CLEMENT UTMA/VA	15 to 24

Summary of Account(s)

Account Type	Total Value This Month	Total Value Last Month	Gains and Losses YTD Realized	Gains and Losses Unrealized
1 Master CMA	405	403	-	-
2 CMA Subacct	38,789	41,065	-	-2,374
3 CMA Subacct	38,123	41,065	-	-2,991
Total	77,317	82,533	-	-5,369

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CMA LINK SERVICE

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Page	Statement Period	Account No.
SUMMARY 2	01/30/99 TO 02/26/99	

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

TOTAL ACCOUNT VALUE AS OF 02/26/1999 $405.00

*** ROBERT N CLEMENT
8202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5600

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-LINK

Monthly Portfolio Summary

Asset	01/29/99 Value	%	02/26/99 Value	%
Cash/Money Funds	403	100	405	100
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities				
Mutual Funds				
Options				
Other				
Long Market Value	403		405	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	403		405	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	1.40	2.88
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends		
Income Not Reported		
Total	1.40	2.88

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 405 Investor Credit Line

NEWS

Mercury Asset Management will soon offer U.S. investors separate portfolio management with a London-based strategy. Initially, you will be able to retain Mercury's U.S. affiliate for separate account management with a U.S. large-cap equity investment objective. See newsletter for details.

Financial Market Indicators

	This Statement	Last Statement	Previous Year-End
Dow Jones Industrial Average	9306.58	9358.83	9181.43
Three-Month Treasury Bills	4.66%	4.45%	4.45%
Long-Term Treasury Bonds	5.57%	5.09%	5.09%

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

ROBERT N CLEMENT

Cash Flow Summary

Activity Summary	This Statement	Year-to-Date	Credits	This Statement	Year-to-Date	Debits	This Statement	Year-to-Date
Opening Balance Cash & Money Funds	403.71		Sales			Purchases		
			Income	1.40	2.88	Withdrawals		
			Funds Received			Other		100.00
Net Credits & Debits	1.40	97.12DR	Other					
Closing Balance Cash & Money Funds	405.11		Total Credits	1.40	2.88	Total Debits		100.00

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
	Cash and Money Funds									
	CASH			1		1				
404	CMA MONEY FUND		1.00	404	1.00	404			18	4.50
	Total Cash/Money Funds			405		405			18	4.51
	Total of Long Portfolio			405		405			18	4.49

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 Statement Period 01/30/99 TO 02/26/99 Account No. [illegible] 3 082010

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

ROBERT N CLEMENT

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Dividends and Interest			
02/26	Share Dividend	1	CMA MONEY FUND			
02/26	Cash Dividend		CMA MONEY FUND FROM 1-29 THRU 2-25			.40
	Income Total		CMA MONEY FUND SHARE DIVIDEND			1.00
			Net Total			1.40

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
01/29	Opening Balance					.71CR	403
02/26	Share Dividend	1	CMA MONEY FUND				
02/26	Cash Dividend		CMA MONEY FUND FROM 1-29 THRU 2-25		.40CR		
02/26	Closing Balance				1.11CR	1.11CR	404

Customer Service

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

ROBERT N CLEMENT

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CMA® LINK SERVICE

ROBERT N CLEMENT
8202 TREEBROOKE LN
ALEXANDRIA VA 22308-1705

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5600

For Client Service Questions Call:
1-800-MER-LINK

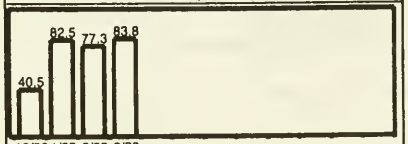
Office Serving Your Account
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

Total Value as of March 26, 1999
$83,841.00

Asset Allocation Summary

*May not reflect all holdings

Total Value Comparison (in $ thousands)



*Link relationship change

Activity Summary

	Mar 99	Jan 99 To Date
Beginning Value	77,317	40,53[illegible]
Net Deps/Wthdrwls	0	41,90[illegible]
Div/Int Income	75	48[illegible]
Chg in Market Value	6,449	91[illegible]
Ending Value	83,841	83,84[illegible]

Statement Information

Account No.	Account Name	Page
576-39B43	ROBERT N CLEMENT	1 to 4
576-39B44	ROBERT N CLEMENT UTMA/VA	5 to 14
576-39B45	ROBERT N CLEMENT UTMA/VA	15 to 24

Summary of Account(s)

Account Type	Total Value This Month	Total Value Last Month	Gains and Losses YTD Realized	Gains and Losses Unrealized
1 Master CMA	406	405	-	-
2 CMA Sub Account	42,390	38,789	-62	1,240
3 CMA Sub Account	41,045	38,123	-	-98
Total	83,841	77,317	-62	1,142

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Page	Statement Period	Account No.
SUMMARY 1	02/27/99 TO 03/26/99	

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CMA LINK SERVICE

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

TOTAL ACCOUNT VALUE AS OF 03/26/1999 $406.00

*** ROBERT N CLEMENT
8202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5600

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-LINK

Monthly Portfolio Summary

Asset	02/26/99 Value	%	03/26/99 Value	%
Cash/Money Funds	405	100	406	100
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities				
Mutual Funds				
Options				
Other				
Long Market Value	405		406	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	405		406	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	1.40	4.28
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends		
Income Not Reported		
Total	1.40	4.28

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 406 Investor Credit Line

NEWS

Does your financial plan dictate a need for growth? Are you concerned about stock volatility? If so, you may want to consider including Protected Growth assets as part of your investment strategy. See newsletter for details.

Financial Market Indicators

	This Statement	Last Statement	Previous Year-End
Dow Jones Industrial Average	9822.24	9306.58	9181.43
Three-Month Treasury Bills	4.47%	4.66%	4.45%
Long-Term Treasury Bonds	5.59%	5.57%	5.09%

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

ROBERT N CLEMENT

Cash Flow Summary

Activity Summary	This Statement	Year-to-Date	Credits	This Statement	Year-to-Date	Debits	This Statement	Year-to-Date
Opening Balance Cash & Money Funds	405.11		Sales Income	1.40	4.28	Purchases Withdrawals		
			Funds Received			Other		100.00
Net Credits & Debits	1.40	95.72DR	Other					
Closing Balance Cash & Money Funds	406.51		Total Credits	1.40	4.28	Total Debits		100.00

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
	Cash and Money Funds									
406	CMA MONEY FUND		1.00	406	1.00	406			17	4.43
	Total Cash/Money Funds			406		406			17	4.43
	Total of Long Portfolio			406		406			17	4.43

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

ROBERT N CLEMENT

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Dividends and Interest			
03/26	Share Dividend	1	CMA MONEY FUND			
03/26	Cash Dividend		CMA MONEY FUND FROM 2-26 THRU 3-25			.40
	Income Total		CMA MONEY FUND SHARE DIVIDEND			1.00
			Net Total			1.40

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
02/26	Opening Balance					1.11CR	404
03/01	Purchase	1	CMA MONEY FUND		1.00	.11CR	405
03/26	Share Dividend	1	CMA MONEY FUND				
03/26	Cash Dividend		CMA MONEY FUND FROM 2-26 THRU 3-25		.40CR		
03/26	Closing Balance				.51CR	.51CR	406

Customer Service

For information about your account, please call 1-800-MER-LINK (1-800-637-5465). To report Lost or Stolen Visa Cards or Checks, please call 1-800-262-5676. When requested, enter your Access Code 92-576-39243

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

ROBERT N CLEMENT

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Merrill Lynch

MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA® ACCOUNT

TOTAL ACCOUNT VALUE AS OF 04/30/1999 $408.00

** Duplicate copy **

*** CONGRESSMAN ROBERT CLEMENT
FAO ROBERT CLEMENT
2229 RAYBERN BUILDING
WASHINGTON DC 20515

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GARY D BAKER
FC# 3517
(615) 747-5600

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-LINK

Monthly Portfolio Summary

Asset	03/26/99 Value	%	04/30/99 Value	%
Cash/Money Funds	406	100	408	100
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities				
Mutual Funds				
Options				
Other				
Long Market Value	406		408	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	406		408	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	1.75	6.03
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends		
Income Not Reported		
Total	1.75	6.03

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 408 Investor Credit Line

NEWS

Merrill Lynch's CMA Visa Signature Program, with its array of travel and reward features, can help safeguard your travel plans. The enclosed newsletter tells how clients have benefited from the CMA Signature Program's medical evacuation coverage.

Financial Market Indicators

	This Statement	Last Statement	Previous Year-End
Dow Jones Industrial Average	10789.04	9786.16	9181.43
Three-Month Treasury Bills	4.53%	4.47%	4.45%
Long-Term Treasury Bonds	5.65%	5.62%	5.09%

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Page Statement Period Account No.

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Merrill Lynch

MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA ACCOUNT

Schedule 2
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CONGRESSMAN ROBERT CLEMENT

** Duplicate copy **

Cash Flow Summary

Activity Summary	This Statement	Year-to-Date	Credits	This Statement	Year-to-Date	Debits	This Statement	Year-to-Date
Opening Balance Cash & Money Funds	406.51		Sales			Purchases		
			Income	1.75	6.03	Withdrawals		
Net Credits & Debits	1.75	93.970R	Funds Received			Other		100.00
			Other					
Closing Balance Cash & Money Funds	408.26							
			Total Credits	1.75	6.03	Total Debits		100.00

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
	Cash and Money Funds									
	CASH			1		1				
407	CMA MONEY FUND		1.00	407	1.00	407			17	4.41
	Total Cash/Money Funds			408		408			17	4.42
	Total of Long Portfolio			408		408			17	4.40

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Merrill Lynch

MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA® ACCOUNT

CONGRESSMAN ROBERT CLEMENT

** Duplicate copy **

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Dividends and Interest			
04/30	Share Dividend	1	CMA MONEY FUND			
04/30	Cash Dividend		CMA MONEY FUND FROM 3-26 THRU 4-29			.75
	Income Total		CMA MONEY FUND SHARE DIVIDEND			1.00
			Net Total			1.75

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
03/26	Opening Balance					.51CR	406
04/30	Share Dividend	1	CMA MONEY FUND				
04/30	Cash Dividend		CMA MONEY FUND FROM 3-26 THRU 4-29		.75CR		
04/30	Closing Balance				1.26CR	1.26CR	407

Customer Service

For information about your account, please call 1-800-MER-LINK (1-800-637-5465). To report Lost or Stolen Visa Cards or Checks, please call 1-800-282-5678. When requested, enter your Access Code 92-578-39243.

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Schedule it
Page 21

Merrill Lynch

MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA® ACCOUNT

CONGRESSMAN ROBERT CLEMENT

** Duplicate copy **

Agreement Regarding Your Securities Account and Other Important Information

You, the Client, and we, Merrill Lynch, Pierce, Fenner & Smith Inc., agree as follows:

1) All transactions in your account are subject to the constitution, rules, regulations, customs, usages, rulings and interpretations of the exchange or market, and its clearing house, if any, where the transactions are executed, and if not executed on any exchange, the National Association of Securities Dealers, Inc.

2) Unless you give us other instructions, we will hold for your account any securities you purchase and the proceeds of any securities you sell.

3) We will direct your order for a multi-listed security or option to the market place we consider to be the primary market for that security, unless you give us specific instructions to direct the order elsewhere.

4) We will hold bonds and preferred stocks in bulk segregation (except for those held in custodian accounts). In the event of a call for less than an entire issue or series of those securities, the securities to be called will be automatically selected on a random basis from those held in bulk. The probability that your holdings will be selected is proportional to the amount of your holdings relative to those of other customers.

5) If you have any obligations to us we can, subject to applicable rules and regulations of regulatory bodies, without notifying you, take any of the following actions with any or all securities in your account, including securities you may acquire or deposit to secure your account.

We can pledge, repledge, hypothecate, or rehypothecate the securities. They may be commingled with securities carried for the accounts of other customers.

We can lend the securities.

We can deliver the securities on contracts for other customers even if we do not have in our possession and control a like amount of similar securities for delivery.

We can take any of these actions until you have discharged all your obligations to us. The amount involved in these actions may be more or less than the amount you owe us.

6) We are not responsible for the loss or destruction of securities that are placed in the custody of a foreign bank or broker or other custodian, and are lost or destroyed as a result of war, civil commotion, enemy action, government acts or any other causes beyond the control of the depository or us.

7) This statement of account shall be deemed conclusive if not objected to within ten (10) days.

8) We can transfer your account to anyone by assignment, merger, consolidation or otherwise, unless you give us written notice to the contrary at the time. This agreement will inure to the benefit of anyone to whom we transfer the account. Nothing contained in this paragraph shall affect your right to transfer your account under NYSE Rule 412.

Insurance

We are a member of the Securities Investor Protection Corporation (SIPC). The securities held in your account are covered by SIPC protection and excess-SIPC protection obtained by Merrill Lynch. For details, refer to the Program Description for your account, if applicable, or speak with your Financial Consultant. We are not a bank, and the securities offered by us, unless otherwise indicated, are not backed or guaranteed by any bank nor are they insured by the FDIC.

Merrill Lynch, Pierce, Fenner & Smith Inc.
World Financial Center
North Tower
New York, N.Y. 10281-1332
Member, Securities Investor Protection Corporation (SIPC)

Other Important Information

(1) You will have the right to vote full shares, and we will solicit instructions concerning the voting of full shares held in your account. If such instructions are not received by us on a timely basis, the voting shares in your account will be governed by the rules and policies of the New York Stock Exchange and the Securities and Exchange Commission then in effect.

(2) This statement serves as a confirmation of purchases that result from automatic reinvestment transactions, as well as your AIPS transactions, during the statement period.

(3) Insurance policy information is based on data from the insurer that issued the policy. Merrill Lynch is not responsible for the calculation of policy values. Policies are generally not held in your Merrill Lynch account. If Merrill Lynch as custodian or trustee holds a policy that is a security, SIPC protection and excess SIPC protection applies.

(4) As an option customer, please advise your Financial Consultant promptly of any material change in your investment objectives or financial condition. Individual options commission charges have been included in your confirmation; however, a summary of this information will be made available to you upon request.

(5) Our financial statement is available for your personal inspection at our office, or a copy of it will be mailed upon your written request.

Special Note: If your records differ from this information, please notify your Financial Consultant in writing with a copy of the statement noting the discrepancy and, if appropriate, any necessary adjustments will be made.

WCMA Loan Account Activity

Reports important information from Merrill Lynch Business Financial Services Inc. (MLBFS,Inc.) through which the WCMA Line of Credit is made available. Includes information on your Line of Credit, Loan Balance, Loan Subject to Interest, and Loan Interest Charged. Interest charges accrue daily during the statement period with each day being deemed to constitute 1/360 of a year. Refer to the WCMA Agreement and documents required by MLBFS for details.

Managed Trust Units

Information for RCMA for Business Retirement Plan clients on units of the Merrill Lynch GIC Managed Trust is reported from information supplied by the Merrill Lynch Trust Company or its agent. Neither the Trust nor its units are held in your Merrill Lynch, Pierce, Fenner & Smith Inc. account and therefore, are not subject to SIPC protection. An annual report will be furnished separately.

Symbols and Abbreviations

□	Interest reported to IRS by Merrill Lynch as required by law.
■	Gross Proceeds reported to the IRS by Merrill Lynch as required by law.
*	Dividends reported to the IRS by Merrill Lynch as required by law.
**	Merrill Lynch maintains a fundamental opinion on this company.
:	Transactions reported to IRS.
#	Transaction you requested required same-day payment - MLPF&S retained last day's dividend to offset cost of advancing payment on your behalf.
A	This transaction was effected through a specialist which is our affiliate. In connection with its market making activity, such specialist may have a long or short position in this stock or in options on this stock and may be on the other side of public orders executed on the exchange. Such specialists may have profited or lost in connection with this transaction.
N/A	Value and/or cost data not available.
N/C	Not calculated.
N/N	Non-negotiable securities.
N/N N/O	Non-negotiable securities held registered in your name.
N/O	Held registered in your name.
NOCC	Options Clearing Corporation.
N/O CUST	Non-negotiable Custodian Registration.
NPC	Interests in assets not registered in the name of nor held by us or our nominees and held by you or registered in your name with the issuer or its agent. Merrill Lynch, Pierce, Fenner & Smith Inc. does not control or act as custodian for these investments.
RD	Bonds are changeable from coupon to registered and vice versa without charge.
RG	Bonds registered for both principal and interest.

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Page	Statement Period	Account No.
[illegible]	[illegible]	[illegible]

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Expenses
Page 22-A

Merrill Lynch

MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA® ACCOUNT

TOTAL ACCOUNT VALUE AS OF 05/28/1999 $409.00

** Duplicate copy **

*** CONGRESSMAN ROBERT CLEMENT
FAO ROBERT CLEMENT
2229 RAYBERN BUILDING
WASHINGTON DC 20515

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5600

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-LINK

Monthly Portfolio Summary

Asset	04/30/99 Value	%	05/28/99 Value	%
Cash/Money Funds	408	100	409	100
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities				
Mutual Funds				
Options				
Other				
Long Market Value	408		409	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	408		409	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	1.40	7.43
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends		
Income Not Reported		
Total	1.40	7.43

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 409 Investor Credit Line

NEWS

The industry-wide testing of year 2000 computer preparedness, detailed in last month's newsletters, was completed with virtually no interruptions from Y2K bugs. Merrill Lynch joined some 400 participants in these tests coordinated by the Securities Industry Association and designed to help make the millennium transition a non-event for investors.

Financial Market Indicators

	This Statement	Last Statement	Previous Year-End
Dow Jones Industrial Average	10559.74	10789.04	9181.43
Three-Month Treasury Bills	4.62%	4.53%	4.45%
Long-Term Treasury Bonds	5.82%	5.65%	5.09%

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Merrill Lynch

MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA ACCOUNT

CONGRESSMAN ROBERT CLEMENT

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Cash Flow Summary

Activity Summary	This Statement	Year-to-Date	Credits	This Statement	Year-to-Date	Debits	This Statement	Year-to-Date
Opening Balance Cash & Money Funds	408.26		Sales			Purchases		
			Income	1.40	7.43	Withdrawals		100.00
			Funds Received			Other		
Net Credits & Debits	1.40	92.570R	Other					
Closing Balance Cash & Money Funds	409.66		Total Credits	1.40	7.43	Total Debits		100.00

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
	Cash and Money Funds									
409	CMA MONEY FUND		1.00	409	1.00	409			18	4.41
	Total Cash/Money Funds			409		409			18	4.41
	Total of Long Portfolio			409		409			18	4.41

Merrill Lynch

MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA® ACCOUNT

Schedule 2
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CONGRESSMAN ROBERT CLEMENT

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Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Dividends and Interest			
05/28	Share Dividend	1	CMA MONEY FUND			
05/28	Cash Dividend		CMA MONEY FUND FROM 4-30 THRU 5-27			.40
	Income Total		CMA MONEY FUND SHARE DIVIDEND			1.00
			Net Total			1.

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
04/30	Opening Balance					1.26CR	407
05/03	Purchase	1	CMA MONEY FUND		1.00	.26CR	408
05/28	Share Dividend	1	CMA MONEY FUND				
05/28	Cash Dividend		CMA MONEY FUND FROM 4-30 THRU 5-27		.40CR		
05/28	Closing Balance				.66CR	.66CR	409

Customer Service

For information about your account, please call 1-800-MER-LINK (1-800-637-5465). To report Lost or Stolen Visa Cards or Checks, please call 1-800-262-5678. When requested, enter your Access Code 92-576-39243.

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MASTER FINANCIAL
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MERRILL LYNCH CMA® ACCOUNT

Schedule 2
Page 24

CONGRESSMAN ROBERT CLEMENT

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.greement Regarding Your Securities Account and Other Important Information
'ou, the Client, and we, Merrill Lynch, Pierce, Fenner & Smith Inc., agree as follows:
1) All transactions in your account are subject to the constitution, rules, regulations, customs,
sages, rulings and interpretations of the exchange or market, and its clearing house, if any,
/here the transactions are executed, and if not executed on any exchange, the National Association
f Securities Dealers, Inc.
2) Unless you give us other instructions, we will hold for your account any securities you
urchase and the proceeds of any securities you sell.
3) We will direct your order for a multi-listed security or option to the market place we consider
o be the primary market for that security, unless you give us specific instructions to direct
ie order elsewhere.
4) We will hold bonds and preferred stocks in bulk segregation (except for those held in custodian
ccounts). In the event of a call for less than an entire issue or series of those securities,
ie securities to be called will be automatically selected on a random basis from those held in bulk.
he probability that your holdings will be selected is proportional to the amount of your holdings
elative to those of other customers.
5) If you have any obligations to us we can, subject to applicable rules and regulations of
egulatory bodies, without notifying you, take any of the following actions with any or all securities
i your account, including securities you may acquire or deposit to secure your account.
We can pledge, repledge, hypothecate, or rehypothecate the securities. They may be commingled
with securities carried for the accounts of other customers.
We can lend the securities.
We can deliver the securities on contracts for other customers even if we do not have in our
possession and control a like amount of similar securities for delivery.
/e can take any of these actions until you have discharged all your obligations to us. The amount
ivolved in these actions may be more or less than the amount you owe us.
6) We are not responsible for the loss or destruction of securities that are placed in the custody of a
oreign bank or broker or other custodian, and are lost or destroyed as a result of war,
ivil commotion, enemy action, government acts or any other causes beyond the control of the
epository or us.
7) This statement of account shall be deemed conclusive if not objected to within ten (10) days.
8) We can transfer your account to anyone by assignment, merger, consolidation or otherwise, unless
ou give us written notice to the contrary at the time. This agreement will inure to the benefit of
anyone to whom we transfer the accounts. Nothing contained in this paragraph shall affect your
ght to transfer your account under NYSE Rule 412.
.surance
/e are a member of the Securities Investor Protection Corporation (SIPC). The securities held in
our account are covered by SIPC protection and excess-SIPC protection obtained by Merrill Lynch.
or details, refer to the Program Description for your account, if applicable, or speak with your
inancial Consultant. We are not a bank, and the securities offered by us, unless otherwise indicated,
re not backed or guaranteed by any bank nor are they insured by the FDIC.

Other Important Information
(1) You will have the right to vote full shares, and we will solicit instructions concerning the voting of full shares held in your account. If such instructions are not received by us on a timely basis, the voting shares in your account will be governed by the rules and policies of the New York Stock Exchange and the Securities and Exchange Commission then in effect.
(2) This statement serves as a confirmation of purchases that result from automatic reinvestment transactions, as well as your AIPS transactions, during the statement period.
(3) Insurance policy information is based on data from the insurer that issued the policy. Merrill Lynch is not responsible for the calculation of policy values. Policies are generally not held in your Merrill Lynch account. If Merrill Lynch as custodian or trustee holds a policy that is a security, SIPC protection and excess SIPC protection applies.
(4) As an option customer, please advise your Financial Consultant promptly of any material change in your investment objectives or financial condition. Individual options commission charges have been included in your confirmation; however, a summary of this information will be made available to you upon request.
(5) Our financial statement is available for your personal inspection at our office, or a copy of it will be mailed upon your written request.
Special Note: If your records differ from this information, please notify your Financial Consultant in writing with a copy of the statement noting the discrepancy and, if appropriate, any necessary adjustments will be made.
WCMA Loan Account Activity
Reports important information from Merrill Lynch Business Financial Services Inc. (MLBFS,Inc.) through which the WCMA Line of Credit is made available. Includes information on your Line of Credit, Loan Balance, Loan Subject to Interest, and Loan Interest Charged. Interest charges accrue daily during the statement period with each day being deemed to constitute 1/360 of a year. Refer to the WCMA Agreement and documents required by MLBFS for details.
Managed Trust Units
Information for RCMA for Business Retirement Plan clients on units of the Merrill Lynch GIC Managed Trust is reported from information supplied by the Merrill Lynch Trust Company or its agent. Neither the Trust nor its units are held in your Merrill Lynch, Pierce, Fenner & Smith Inc. account and therefore, are not subject to SIPC protection. An annual report will be furnished separately.
Symbols and Abbreviations

II	Interest reported to IRS by Merrill Lynch as required by law.
*	Gross Proceeds reported to the IRS by Merrill Lynch as required by law.
**	Dividends reported to the IRS by Merrill Lynch as required by law.
:	Merrill Lynch maintains a fundamental opinion on this company.
#	Transactions reported to IRS.
	Transaction you requested required same-day payment - MLPF&S retained last day's dividend to offset cost of advancing payment on your behalf.
A	This transaction was effected through a specialist which is our affiliate. In connection with its market making activity, such specialist may have a long or short position in this stock or in options on this stock and may be on the other side of public orders executed on the exchange. Such specialists may have profited or lost in connection with this transaction.
N/A	Value and/or cost data not available.
N/C	Not calculated.
N/N	Non-negotiable securities.
N/N N/O	Non-negotiable securities held registered in your name.
N/O	Held registered in your name.
NOCC	Options Clearing Corporation.
N/O CUST	Non-negotiable Custodian Registration.
NPC	Interests in assets not registered in the name of nor held by us or our nominees and held by you or registered in your name with the issuer or its agent. Merrill Lynch, Pierce, Fenner & Smith Inc. does not control or act as custodian for these investments.
RD	Bonds are changeable from coupon to registered and vice versa without charge.
RG	Bonds registered for both principal and interest.

Merrill Lynch, Pierce, Fenner & Smith Inc.
World Financial Center
North Tower
New York, N.Y. 10281-1332
Member, Securities Investor Protection Corporation (SIPC)

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MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA® ACCOUNT

Schedule 2
Page 25-A

TOTAL ACCOUNT VALUE AS OF 06/25/1999 $411.00

** Duplicate copy **

1135

*** CONGRESSMAN ROBERT CLEMENT
FAO ROBERT CLEMENT
2229 RAYBERN BUILDING
WASHINGTON DC 20515

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5600

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-LINK

Monthly Portfolio Summary

Asset	05/28/99 Value	%	06/25/99 Value	%
Cash/Money Funds	409	100	411	100
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities				
Mutual Funds				
Options				
Other				
Long Market Value	409		411	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	409		411	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	1.40	8.83
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends		
Income Not Reported		
Total	1.40	8.83

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 411 Investor Credit Line

NEWS

Announcing the biggest merger in Wall Street history: Merrill Lynch & You. See the enclosed brochure to find out how we've rebuilt our strengths around your needs. Its a new approach that means when you succeed, we succeed. For more information, please talk to your Merrill Lynch Financial Consultant.

Financial Market Indicators

	This Statement	Last Statement	Previous Year-End
Dow Jones Industrial Average	10552.56	10559.74	9181.43
Three-Month Treasury Bills	4.78%	4.62%	4.45%
Long-Term Treasury Bonds	6.14%	5.82%	5.09%

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 Statement Period 05/29/99 TO 06/25/99 Account No. 000010

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Schedule 2
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Merrill Lynch

MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

CONGRESSMAN ROBERT CLEMENT

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Cash Flow Summary

Activity Summary	This Statement	Year-to-Date	Credits	This Statement	Year-to-Date	Debits	This Statement	Year-to-Date
pening Balance Cash & Money Funds	409.66		Sales Income Funds Received Other	1.40	8.83	Purchases Withdrawals Other		100.00
et Credits & Debits	1.40	91.17DR						
losing Balance Cash & Money Funds	411.06		Total Credits	1.40	8.83	Total Debits		100.00

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
	Cash and Money Funds									
	CASH			1		1				
410	CMA MONEY FUND		1.00	410	1.00	410			18	4.45
	Total Cash/Money Funds			411		411			18	4.46
	Total of Long Portfolio			411		411			18	4.44

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 CODE # 6060 Statement Period 05/29/99 TO 06/25/99 Account No. 576-39843

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Merrill Lynch

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MERRILL LYNCH CMA ACCOUNT

Schedule 2
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CONGRESSMAN ROBERT CLEMENT

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Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Dividends and Interest			
06/25	Share Dividend	1	CMA MONEY FUND			
06/25	Cash Dividend		CMA MONEY FUND FROM 5-28 THRU 6-24			.40
	Income Total		CMA MONEY FUND SHARE DIVIDEND			1.00
			Net Total			1.40

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
05/28	Opening Balance					.66CR	409
06/25	Share Dividend	1	CMA MONEY FUND				
06/25	Cash Dividend		CMA MONEY FUND FROM 5-28 THRU 6-24		.40CR		
06/25	Closing Balance				1.06CR	1.06CR	410

Customer Service

For information about your account, please call 1-800-MER-LINK (1-800-637-5465). To report Lost or Stolen Visa Cards or Checks, please call 1-800-282-5675. When requested, enter your Access Code 92-576-39243.

Merrill Lynch

MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA® ACCOUNT

Schedule 2
Page 27

CONGRESSMAN ROBERT CLEMENT

** Duplicate copy **

Agreement Regarding Your Securities Account and Other Important Information

'ou, the Client, and we, Merrill Lynch, Pierce, Fenner & Smith Inc., agree as follows:

1) All transactions in your account are subject to the constitution, rules, regulations, customs, ıages, rulings and interpretations of the exchange or market, and its clearing house, if any, ·here the transactions are executed, and if not executed on any exchange, the National Association f Securities Dealers, Inc.

2) Unless you give us other instructions, we will hold for your account any securities you urchase and the proceeds of any securities you sell.

3) We will direct your order for a multi-listed security or option to the market place we consider o be the primary market for that security, unless you give us specific instructions to direct ne order elsewhere

4) We will hold bonds and preferred stocks in bulk segregation (except for those held in custodian ccounts). In the event of a call for less than an entire issue or series of those securities, ne securities to be called will be automatically selected on a random basis from those held in bulk. he probability that your holdings will be selected is proportional to the amount of your holdings elative to those of other customers.

5) If you have any obligations to us we can, subject to applicable rules and regulations of egulatory bodies, without notifying you, take any of the following actions with any or all securities n your account, including securities you may acquire or deposit to secure your account.

We can pledge, repledge, hypothecate, or rehypothecate the securities. They may be commingled with securities carried for the accounts of other customers.

We can lend the securities.

We can deliver the securities on contracts for other customers even if we do not have in our possession and control a like amount of similar securities for delivery.

/e can take any of these actions until you have discharged all your obligations to us. The amount ıvolved in these actions may be more or less than the amount you owe us.

6) We are not responsible for the loss or destruction of securities that are placed in the custody of a ıreign bank or broker or other custodian, and are lost or destroyed as a result of war, ıvil commotion, enemy action, government acts or any other causes beyond the control of the epository or us.

7) This statement of account shall be deemed conclusive if not objected to within ten (10) days.

8) We can transfer your account to anyone by assignment, merger, consolidation or otherwise, unless ou give us written notice to the contrary at the time. This agreement will inure to the benefit of nyone to whom we transfer the accounts. Nothing contained in this paragraph shall affect your ght to transfer your account under NYSE Rule 412.

ısurance

/e are a member of the Securities Investor Protection Corporation (SIPC). The securities held in our account are covered by SIPC protection and excess-SIPC protection obtained by Merrill Lynch. or details, refer to the Program Description for your account, if applicable, or speak with your ınancial Consultant. We are not a bank, and the securities offered by us, unless otherwise indicated, e not backed or guaranteed by any bank nor are they insured by the FDIC.

Other Important Information

(1) You will have the right to vote full shares, and we will solicit instructions concerning the voting of full shares held in your account. If such instructions are not received by us on a timely basis, the voting shares in your account will be governed by the rules and policies of the New York Stock Exchange and the Securities and Exchange Commission then in effect

(2) This statement serves as a confirmation of purchases that result from automatic reinvestment transactions, as well as your AIPS transactions, during the statement period.

(3) Insurance policy information is based on data from the insurer that issued the policy. Merrill Lynch is not responsible for the calculation of policy values. Policies are generally not held in your Merrill Lynch account. If Merrill Lynch as custodian or trustee holds a policy that is a security, SIPC protection and excess SIPC protection applies.

(4) As an option customer, please advise your Financial Consultant promptly of any material change in your investment objectives or financial condition. Individual options commission charges have been included in your confirmation; however, a summary of this information will be made available to you upon request.

(5) Our financial statement is available for your personal inspection at our office, or a copy of it will be mailed upon your written request.

Special Note: If your records differ from this information, please notify your Financial Consultant in writing with a copy of the statement noting the discrepancy and, if appropriate, any necessary adjustments will be made.

WCMA Loan Account Activity

Reports important information from Merrill Lynch Business Financial Services Inc. (MLBFS,Inc.) through which the WCMA Line of Credit is made available. Includes information on your Line of Credit, Loan Balance, Loan Subject to Interest, and Loan Interest Charged. Interest charges accrue daily during the statement period with each day being deemed to constitute 1/360 of a year. Refer to the WCMA Agreement and documents required by MLBFS for details.

Managed Trust Units

Information for Business Retirement Plan clients on units of the Merrill Lynch GIC Managed Trust is reported from information supplied by the Merrill Lynch Trust Company or its agent. Neither the Trust nor its units are held in your Merrill Lynch, Pierce, Fenner & Smith Inc. account and therefore, are not subject to SIPC protection. An annual report will be furnished separately.

Symbols and Abbreviations

☒	Interest reported to IRS by Merrill Lynch as required by law.
◆	Gross Proceeds reported to the IRS by Merrill Lynch as required by law.
•	Dividends reported to the IRS by Merrill Lynch as required by law.
**	Merrill Lynch maintains a fundamental opinion on this company.
;	Transactions reported to IRS.
#	Transaction you requested required same-day payment - MLPF&S retained last day's dividend to offset cost of advancing payment on your behalf.
A	This transaction was effected through a specialist which is our affiliate. In connection with its market making activity, such specialist may have a long or short position in this stock or in options on this stock and may be on the other side of public orders executed on the exchange. Such specialists may have profited or lost in connection with this transaction.
N/A	Value and/or cost data not available.
N/C	Not calculated.
N/N	Non-negotiable securities.
N/N N/O	Non-negotiable securities held registered in your name.
N/O	Held registered in your name.
NOCC	Options Clearing Corporation.
N/O CUST	Non-negotiable Custodian Registration.
NPC	Interests in assets not registered in the name of nor held by us or our nominees and held by you or registered in your name with the issuer or its agent. Merrill Lynch, Pierce, Fenner & Smith Inc. does not control or act as custodian for these investments.
RD	Bonds are changeable from coupon to registered and vice versa without charge
RG	Bonds registered for both principal and interest.

lerrill Lynch, Pierce, Fenner & Smith Inc.
'orld Financial Center
orth Tower
ew York, N.Y. 10281-1332
ember, Securities Investor Protection Corporation (SIPC)

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Merrill Lynch

MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA® ACCOUNT

Schedule 2
Page 28-A

TOTAL ACCOUNT VALUE AS OF 07/30/1999 $412.00

** Duplicate copy **

*** CONGRESSMAN ROBERT CLEMENT
FAO ROBERT CLEMENT
2229 RAYBERN BUILDING
WASHINGTON DC 20515

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5800

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-LINK

Monthly Portfolio Summary

Asset	06/25/99 Value	%	07/30/99 Value	%
Cash/Money Funds	411	100	412	100
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities				
Mutual Funds				
Options				
Other				
Long Market Value	411		412	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	411		412	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	1.78	10.61
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends		
Income Not Reported		
Total	1.78	10.61

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 412 Investor Credit Line

NEWS

Recently USA Today analyzed brokerage statements. Your statement ranked number one in many areas. Are you taking full advantage of the features in your statement? The Merrill Lynch Advisor highlights this recent recognition and provides a chart that you can use to balance your CMA checks and Visa transactions with your monthly statement.

Financial Market Indicators

	This Statement	Last Statement	Previous Year-End
Dow Jones Industrial Average	10655.15	10970.80	9181.43
Three-Month Treasury Bills	4.74%	4.76%	4.45%
Long-Term Treasury Bonds	6.10%	5.97%	5.09%

10033 J PLEASE SEE REVERSE SIDE

Page	Statement Period	Account No.
1 OF 6	06/26/99 TO 07/30/99	

017010

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Merrill Lynch

MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA® ACCOUNT

Schedule 2
Page 28-B

CONGRESSMAN ROBERT CLEMENT

** Duplicate copy **

Cash Flow Summary

Activity Summary	This Statement	Year-to-Date
Opening Balance Cash & Money Funds	411.06	
Net Credits & Debits	1.78	$9.390R
Closing Balance Cash & Money Funds	412.84	

Credits	This Statement	Year-to-Date
Sales Income Funds Received	1.78	10.61
Other		
Total Credits	1.78	10.61

Debits	This Statement	Year-to-Date
Purchases Withdrawals		
Other		100.00
Total Debits		100.00

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
	Cash and Money Funds									
412	CMA MONEY FUND		1.00	412	1.00	412			18	4.58
	Total Cash/Money Funds			412		412			18	4.58
	Total of Long Portfolio			412		412			18	4.58

10425 J PLEASE SEE REVERSE SIDE

 CODE = 8050 Statement Period 06/26/99 TO 07/30/99 Account No. 017010

Merrill Lynch

MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA ACCOUNT

Schedule 2
Page 29

CONGRESSMAN ROBERT CLEMENT

** Duplicate copy **

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Dividends and Interest			
07/30	Share Dividend	1	CMA MONEY FUND			
07/30	Cash Dividend		CMA MONEY FUND FROM 6-25 THRU 7-29			.78
	Income Total		CMA MONEY FUND SHARE DIVIDEND			1.00
			Net Total			1.78

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
06/25	Opening Balance					1.06CR	410
06/28	Purchase	1	CMA MONEY FUND		1.00	.06CR	411
07/30	Share Dividend	1	CMA MONEY FUND				
07/30	Cash Dividend		CMA MONEY FUND FROM 6-25 THRU 7-29		.78CR		
07/30	Closing Balance				.84CR	.84CR	412

Customer Service

For information about your account, please call 1-800-MER-LINK (1-800-637-5465). To report Lost or Stolen Visa Cards or Checks, please call 1-800-262-5678. When requested, enter your Access Code 92-578-38243.

Merrill Lynch

MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA® ACCOUNT

Schedule 2
Page 30

CONGRESSMAN ROBERT CLEMENT

** Duplicate copy **

Agreement Regarding Your Securities Account and Other Important Information

You, the Client, and we, Merrill Lynch, Pierce, Fenner & Smith Inc., agree as follows:

1) All transactions in your account are subject to the constitution, rules, regulations, customs, usages, rulings and interpretations of the exchange or market, and its clearing house, if any, where the transactions are executed, and if not executed on any exchange, the National Association of Securities Dealers, Inc.

2) Unless you give us other instructions, we will hold for your account any securities you purchase and the proceeds of any securities you sell.

3) We will direct your order for a multi-listed security or option to the market place we consider to be the primary market for that security, unless you give us specific instructions to direct the order elsewhere.

4) We will hold bonds and preferred stocks in bulk segregation (except for those held in custodian accounts). In the event of a call for less than an entire issue or series of those securities, the securities to be called will be automatically selected on a random basis from those held in bulk. The probability that your holdings will be selected is proportional to the amount of your holdings relative to those of other customers.

5) If you have any obligations to us we can, subject to applicable rules and regulations of regulatory bodies, without notifying you, take any of the following actions with any or all securities in your account, including securities you may acquire or deposit to secure your account.

We can pledge, repledge, hypothecate or rehypothecate the securities. They may be commingled with securities carried for the accounts of other customers.

We can lend the securities.

We can deliver the securities on contracts for other customers even if we do not have in our possession and control a like amount of similar securities for delivery.

We can take any of these actions until you have discharged all your obligations to us. The amount involved in these actions may be more or less than the amount you owe us.

6) We are not responsible for the loss or destruction of securities that are placed in the custody of a foreign bank or broker or other custodian, and are lost or destroyed as a result of war, civil commotion, enemy action, government acts or any other causes beyond the control of the depository or us.

7) This statement of account shall be deemed conclusive if not objected to within ten (10) days.

8) We can transfer your account to anyone by assignment, merger, consolidation or otherwise, unless you give us written notice to the contrary at the time. This agreement will inure to the benefit of anyone to whom we transfer the accounts. Nothing contained in this paragraph shall affect your right to transfer your account under NYSE Rule 412.

SIPC

We are a member of the Securities Investor Protection Corporation (SIPC). The securities held in your account are covered by SIPC protection and excess-SIPC protection obtained by Merrill Lynch. For details, refer to the Program Description for your account, if applicable, or speak with your Financial Consultant. We are not a bank, and the securities offered by us, unless otherwise indicated, are not backed or guaranteed by any bank nor are they insured by the FDIC.

Merrill Lynch, Pierce, Fenner & Smith Inc.
World Financial Center
North Tower
New York, N.Y. 10281-1333
Member, Securities Investor Protection Corporation (SIPC)

Other Important Information

(1) You will have the right to vote full shares, and we will solicit instructions concerning the voting of full shares held in your account. If such instructions are not received by us on a timely basis, the voting shares in your account will be governed by the rules and policies of the New York Stock Exchange and the Securities and Exchange Commission then in effect.

(2) This statement serves as a confirmation of purchases that result from automatic reinvestment transactions, as well as your AIPS transactions, during the statement period.

(3) Insurance policy information is based on data from the insurer that issued the policy. Merrill Lynch is not responsible for the calculation of policy values. Policies are generally not held in your Merrill Lynch account. If Merrill Lynch as custodian or trustee holds a policy that is a security, SIPC protection and excess SIPC protection applies.

(4) As an option customer, please advise your Financial Consultant promptly of any material change in your investment objectives or financial condition. Individual options commission charges have been included in your confirmation; however, a summary of this information will be made available to you upon request.

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WCMA Line Account Activity

Reports important information from Merrill Lynch Business Financial Services Inc. (MLBFS,Inc.) through which the WCMA Line of Credit is made available. Includes information on your Line of Credit, Loan Balance, Loan Subject to Interest, and Loan Interest Charged. Interest charges accrue daily during the statement period with each day being deemed to constitute 1/360 of a year. Refer to the WCMA Agreement and documents required by MLBFS for details.

Managed Trust Units

Information for RCMA for Business Retirement Plan clients on units of the Merrill Lynch GIC Managed Trust is reported from information supplied by the Merrill Lynch Trust Company or its agent. Neither the Trust nor its units are held in your Merrill Lynch, Pierce, Fenner & Smith Inc. account and therefore, are not subject to SIPC protection. An annual report will be furnished separately.

Symbols and Abbreviations

‡	Interest reported to IRS by Merrill Lynch as required by law.
●	Gross Proceeds reported to the IRS by Merrill Lynch as required by law.
•	Dividends reported to the IRS by Merrill Lynch as required by law.
**	Merrill Lynch maintains a fundamental opinion on this company.
:	Transactions reported to IRS.
#	Transaction you requested required same-day payment - MLPF&S retained last day's dividend to offset cost of advancing payment on your behalf.
A	This transaction was effected through a specialist which is our affiliate. In connection with its market making activity, such specialist may have a long or short position in this stock or in options on this stock and may be on the other side of public orders executed on the exchange. Such specialists may have profited or lost in connection with this transaction.
N/A	Value and/or cost data not available.
N/C	Not calculated.
N/N	Non-negotiable securities.
N/N N/O	Non-negotiable securities held registered in your name.
N/O	Held registered in your name.
NOCC	Options Clearing Corporation.
N/O CUST	Non-negotiable Custodian Registration.
NPC	Interest in assets not registered in the name of nor held by us or our nominees and held by you or registered in your name with the issuer or its agent. Merrill Lynch, Pierce, Fenner & Smith Inc. does not control or act as custodian for these investments.
RD	Bonds are changeable from coupon to registered and vice versa without charge.
RG	Bonds registered for both principal and interest.

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Merrill Lynch

MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA ACCOUNT

Schedule 2
Page 31-4

TOTAL ACCOUNT VALUE AS OF 08/27/1999 $414.00

** Duplicate copy **

*** CONGRESSMAN ROBERT CLEMENT
FAO ROBERT CLEMENT
2229 RAYBERN BUILDING
WASHINGTON DC 20515

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5600

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-LINK

Monthly Portfolio Summary

Asset	07/30/99 Value	%	08/27/99 Value	%
Cash/Money Funds	412	100	414	100
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities				
Mutual Funds				
Options				
Other				
Long Market Value	412		414	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	412		414	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	1.44	12.05
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends		
Income Not Reported		
Total	1.44	12.05

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 414 Investor Credit Line

NEWS

Our top-rated research team has put together two timely equity-investment ideas. On September 8, Merrill Lynch will make available a list of our 10 best technology-stock ideas, as well as a list of our 15 most-favored stocks. For information, call your Financial Consultant.

Financial Market Indicators

	This Statement	Last Statement	Previous Year-End
Dow Jones Industrial Average	11090.17	10655.15	9181.43
Three-Month Treasury Bills	4.96%	4.74%	4.45%
Long-Term Treasury Bonds	5.97%	6.10%	5.09%

PLEASE SEE REVERSE SIDE

Schedule 2
Page 31-B

Merrill Lynch

MERRILL LYNCH [redacted]

MASTER FINANCIAL SERVICE

CONGRESSMAN ROBERT CLEMENT

** Duplicate copy **

Cash Flow Summary

Activity Summary	This Statement	Year-to-Date	Credits	This Statement	Year-to-Date	Debits	This Statement	Year-to-Date
Opening Balance Cash & Money Funds	412.84		Sales Income Funds Received Other	1.44	12.05	Purchases Withdrawals Other		100.00
Net Credits & Debits	1.44	87.950R						
Closing Balance Cash & Money Funds	414.28		Total Credits	1.44	12.05	Total Debits		100.00

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
	Cash and Money Funds									
	CASH			1		1				
413	CMA MONEY FUND		1.00	413	1.00	413			19	4.67
	Total Cash/Money Funds			414		414			19	4.68
	Total of Long Portfolio			414		414			19	4.66

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Merrill Lynch

MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA ACCOUNT

Schedule 2
Page 32

CONGRESSMAN ROBERT CLEMENT

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Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Dividends and Interest			
08/27	Share Dividend	1	CMA MONEY FUND			
08/27	Cash Dividend		CMA MONEY FUND FROM 7-30 THRU 8-26			.44
	Income Total		CMA MONEY FUND SHARE DIVIDEND			1.00
			Net Total			1.44

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
07/30	Opening Balance					.84CR	412
08/27	Share Dividend	1	CMA MONEY FUND				
08/27	Cash Dividend		CMA MONEY FUND FROM 7-30 THRU 8-26		.44CR		
08/27	Closing Balance				1.28CR	1.28CR	413

Customer Service

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Statement Period 07/31/99 TO 08/27/99

Account No

000010

1145

Merrill Lynch

MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA ACCOUNT

Schedule 2
Page 33

CONGRESSMAN ROBERT CLEMENT

** Duplicate copy **

Agreement Regarding Your Securities Account and Other Important Information
You, the Client, and we, Merrill Lynch, Pierce, Fenner & Smith Inc., agree as follows:
(1) We will direct your order for a multi-listed security or option to the market place we consider to be the primary market for that security, unless you give us specific instructions to direct the order elsewhere.
(2) We will hold bonds and preferred stocks in bulk segregation (except for those held in custodian accounts). In the event of a call for less than an entire issue or series of those securities, the securities to be called will be automatically selected on a random basis from those held in bulk. The probability that your holdings will be selected is proportional to the amount of your holdings relative to those of other customers.
(3) If you have any obligations to us we can, subject to applicable rules and regulations of regulatory bodies, without notifying you, take any of the following actions with any or all securities in your account, including securities you may acquire or deposit to secure your account.

- We can pledge, repledge, hypothecate, or rehypothecate the securities. They may be commingled with securities carried for the accounts of other customers.
- We can lend the securities.
- We can deliver the securities on contracts for other customers even if we do not have in our possession and control a like amount of similar securities for delivery.

We can take any of these actions until you have discharged all your obligations to us. The amount involved in these actions may be more or less than the amount you owe us.
(4) We are not responsible for the loss or destruction of securities that are placed in the custody of a foreign bank or broker or other custodian, and are lost or destroyed as a result of war, civil commotion, enemy action, government acts or any other causes beyond the control of the depository or us.
(5) This statement of account shall be deemed conclusive if not objected to within ten (10) days.
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Other Important Information
(1) Depository institutions participating in the ISA program and Merrill Lynch Bank USA in the CMA 2.0 program pay us a fee up to 2% per annum of the average daily depository account balances in each program respectively.
(2) You will have the right to vote full shares, and we will solicit instructions concerning the voting of full shares held in your account. If such instructions are not received by us on a timely basis, the voting shares in your account will be governed by the rules and policies of the New York Stock Exchange and the Securities and Exchange Commission then in effect.

Other Important Information (Continued)
(3) This statement serves as a confirmation of purchases that result from automatic reinvestment transactions, as well as your AIPS transactions, during the statement period.
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•	Dividends reported to the IRS by Merrill Lynch as required by law.
**	Merrill Lynch maintains a fundamental opinion on this company.
:	Transactions reported to IRS.
#	Transaction you requested required same-day payment - MLPF&S retained last day's dividend to offset cost of advancing payment on your behalf.
A	This transaction was effected through a specialist which is our affiliate. In connection with its market making activity, such specialist may have a long or short position in this stock or in options on this stock and may be on the other side of public orders executed on the exchange. Such specialists may have profited or lost in connection with this transaction.
N/A	Value and/or cost data not available.
N/C	Not calculated.
N/N	Non-negotiable securities.
N/N N/O	Non-negotiable securities held registered in your name.
N/O	Held registered in your name.
NOCC	Options Clearing Corporation.
N/O CUST	Non-negotiable Custodian Registration.
NPC	Interests in assets not registered in the name of nor held by us or our nominees and held by you or registered in your name with the issuer or its agent. Merrill Lynch, Pierce, Fenner & Smith Inc. does not control or act as custodian for these investments.
RD	Bonds are changeable from coupon to registered and vice versa without charge.
RG	Bonds registered for both principal and interest.

Merrill Lynch, Pierce, Penner & Smith Inc.
World Financial Center
North Tower
New York, N.Y. 10281-1332
Member, Securities Investor Protection Corporation (SIPC)

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Page	Statement Period	Account No.
5 OF 6	07/31/99 TO 08/27/99	

000015

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Merrill Lynch

MASTER FINANCIAL SERVICE

MERRILL LYNCH [redacted] ACCOUNT

Schedule 2
Page 34-A

TOTAL ACCOUNT VALUE AS OF 09/24/1999 $415.00

** Duplicate copy **

*** CONGRESSMAN ROBERT CLEMENT
FAO ROBERT CLEMENT
2229 RAYBERN BUILDING
WASHINGTON DC 20515

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5600

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-LINK

Monthly Portfolio Summary

Asset	08/27/99 Value	%	09/24/99 Value	%
Cash/Money Funds	414	100	415	100
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities				
Mutual Funds				
Options				
Other				
Long Market Value	414		415	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	414		415	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	1.51	13.56
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends		
Income Not Reported		
Total	1.51	13.56

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 415 Investor Credit Line

NEWS

We are pleased to introduce the Merrill Lynch & You newsletter. This first issue explains how you will benefit from this innovative communication. Other inserts contain important information on investment opportunities, trading in today's markets, retirement-account fees, the Firm's financial condition and an explanation of statement terms.

Financial Market Indicators

	This Statement	Last Statement	Previous Year-End
Dow Jones Industrial Average	10279.33	11090.17	9181.43
Three-Month Treasury Bills	4.77%	4.96%	4.45%
Long-Term Treasury Bonds	5.97%	5.97%	5.09%

PLEASE SEE REVERSE SIDE

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Schedule 2
Page 34-B

Merrill Lynch

MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA ACCOUNT

CONGRESSMAN ROBERT CLEMENT

** Duplicate copy **

Cash Flow Summary

Activity Summary	This Statement	Year-to-Date	Credits	This Statement	Year-to-Date	Debits	This Statement	Year-to-Date
Opening Balance Cash & Money Funds	414.28		Sales Income Funds Received Other	1.51	13.56	Purchases Withdrawals Other		100.00
Net Credits & Debits	1.51	86.44DR						
Closing Balance Cash & Money Funds	415.79		Total Credits	1.51	13.56	Total Debits		100.00

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
	Cash and Money Funds									
415	CMA MONEY FUND		1.00	415	1.00	415			19	4.81
	Total Cash/Money Funds			415		415			19	4.81
	Total of Long Portfolio			415		415			19	4.81

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Merrill Lynch

MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA ACCOUNT

Schedule 2
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CONGRESSMAN ROBERT CLEMENT

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Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Dividends and Interest			
09/24	Share Dividend	1	CMA MONEY FUND			
09/24	Cash Dividend		CMA MONEY FUND FROM 8-27 THRU 9-23			.51
	Income Total					1.00
			Net Total			1.51

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
08/27	Opening Balance					1.28CR	413
08/30	Purchase	1	CMA MONEY FUND		1.00	.28CR	414
09/24	Share Dividend	1	CMA MONEY FUND		.51CR		
09/24	Cash Dividend		CMA MONEY FUND FROM 8-27 THRU 9-23		.79CR	.79CR	415
09/24	Closing Balance						

Customer Service

For information about your account, please call 1-800-MER-LINK (1-800-637-5465). To report Lost or Stolen Visa Cards or Checks, please call 1-800-262-5678. When requested, enter your Access Code 92-576-39243.

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Page	Statement Period	Account No.
33 OF 6	08/28/99 TO 09/24/9	

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Merrill Lynch

MASTER FINANCIAL
SERVICE

MERRILL LYNCH CMA ACCOUNT

Schedule 2
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CONGRESSMAN ROBERT CLEMENT

** Duplicate copy **

greement Regarding Your Securities Account and Other Important Information
ou, the Client, and we, Merrill Lynch, Pierce, Fenner & Smith Inc., agree as follows:
) We will direct your order for a multi-listed security or option to the market place we consider
be the primary market for that security, unless you give us specific instructions to direct
e order elsewhere.
) We will hold bonds and preferred stocks in bulk segragation (except for those held in custodian
counts). In the event of a call for less than an entire issue or series of those securities,
e securities to be called will be automatically selected on a random basis from those held in bulk.
he probability that your holdings will be selected is proportional to the amount of your holdings
lative to those of other customers.
) If you have any obligations to us we can, subject to applicable rules and regulations of
gulatory bodies, without notifying you, take any of the following actions with any or all securities
your account, including securities you may acquire or deposit to secure your account.
We can pledge, repledge, hypothecate, or rehypothecate the securities. They may be commingled
with securities carried for the accounts of other customers.
We can lend the securities.
We can deliver the securities on contracts for other customers even if we do not have in our
possession and control a like amount of similar securities for delivery.
'e can take any of these actions until you have discharged all your obligations to us. The amount
volved in these actions may be more or less than the amount you owe us.
) We are not responsible for the loss or destruction of securities that are placed in the custody of a
reign bank or broker or other custodian, and are lost or destroyed as a result of war,
vil commotion, enemy action, government acts or any other causes beyond the control of the
pository or us.
) This statement of account shall be deemed conclusive if not objected to within ten (10) days
) We can transfer your account to anyone by assignment, merger, consolidation or otherwise, unless
u give us written notice to the contrary at the time. This agreement will inure to the benefit of
yone to whom we transfer the accounts. Nothing contained in this paragraph shall affect your
ht to transfer your account under NYSE Rule 412.

surance
e are a member of the Securities Investor Protection Corporation (SIPC). The securities held in
ur account are covered by SIPC protection and excess-SIPC protection obtained by Merrill Lynch.
r details, refer to the Program Description for your account, if applicable, or speak with your
nancial Consultant. We are not a bank, and the securities offered by us, unless otherwise indicated,
e not backed or guaranteed by any bank nor are they insured by the FDIC.

ther Important Information
) Depository institutions participating in the ISA program and Merrill Lynch Bank USA in
e CMA 2.0 program pay us a fee up to 2% per annum of the average daily depository account
alances in each program respectively.
) You will have the right to vote full shares, and we will solicit instructions concerning the
oting of full shares held in your account. If such instructions are not received by us on a timely
asis, the voting shares in your account will be governed by the rules and policies of the New York
ock Exchange and the Securities and Exchange Commission then in effect.

Other Important Information (Continued)
(3) This statement serves as a confirmation of purchases that result from automatic reinvestment transactions, as well as your AIPS transactions, during the statement period.
(4) Insurance policy information is based on data from the insurer that issued the policy. Merrill Lynch is not responsible for the calculation of policy values. Policies are generally not held in your Merrill Lynch account. If Merrill Lynch as custodian or trustee holds a policy that is a security, SIPC protection and excess SIPC protection applies.
(5) As an option customer, please advise your Financial Consultant promptly of any material change in your investment objectives or financial condition. Individual options commission charges have been included in your confirmation; however, a summary of this information will be made available to you upon request.
(6) Our financial statement is available for your personal inspection at our office, or a copy of it will be mailed upon your written request.

Special Note: If your records differ from this information, please notify your Financial Consultant in writing with a copy of the statement noting the discrepancy and, if appropriate, any necessary adjustments will be made.

WCMA Loan Account Activity
Reports important information from Merrill Lynch Business Financial Services Inc. (MLBFS,Inc.) through which the WCMA Line of Credit is made available. Includes information on your Line of Credit, Loan Balance, Loan Subject to Interest, and Loan Interest Charged. Interest charges accrue daily during the statement period with each day being deemed to constitute 1/360 of a year. Refer to the WCMA Agreement and documents required by MLBFS for details

Managed Trust Units
Information for RCMA for Business Retirement Plan clients on units of the Merrill Lynch GIC Managed Trust is reported from information supplied by the Merrill Lynch Trust Company or its agent. Neither the Trust nor its units are held in your Merrill Lynch, Pierce, Fenner & Smith Inc. account and therefore, are not subject to SIPC protection. An annual report will be furnished separately.

Symbols and Abbreviations

‡	Interest reported to IRS by Merrill Lynch as required by law.
■	Gross Proceeds reported to the IRS by Merrill Lynch as required by law.
*	Dividends reported to the IRS by Merrill Lynch as required by law.
**	Merrill Lynch maintains a fundamental opinion on this company.
;	Transactions reported to IRS.
#	Transaction you requested required same-day payment - MLPF&S retained last day's dividend to offset cost of advancing payment on your behalf.
A	This transaction was effected through a specialist which is our affiliate. In connection with its market making activity, such specialist may have a long or short position in this stock or in options on this stock and may be on the other side of public orders executed on the exchange. Such specialists may have profited or lost in connection with this transaction.
N/A	Value and/or cost data not available.
N/C	Not calculated.
N/N	Non-negotiable securities
N/N N/O	Non-negotiable securities held registered in your name.
N/O	Held registered in your name.
NOCC	Options Clearing Corporation.
N/O CUST	Non-negotiable Custodian Registration.
NPC	Interests in assets not registered in the name of nor held by us or our nominees and held by you or registered in your name with the issuer or its agent. Merrill Lynch, Pierce, Fenner & Smith Inc. does not control or act as custodian for these investments.
RD	Bonds are changeable from coupon to registered and vice versa without charge.
RG	Bonds registered for both principal and interest.

errill Lynch, Pierce, Fenner & Smith Inc.
orld Financial Center
orth Tower
ew York, N.Y. 10281-1332
ember, Securities Investor Protection Corporation (SIPC)

1150

Merrill Lynch

MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA ACCOUNT

Schedule 2
Page 37-A

TOTAL ACCOUNT VALUE AS OF 10/29/1999 $417.00

** Duplicate copy **

*** CONGRESSMAN ROBERT CLEMENT
FAO ROBERT CLEMENT
2229 RAYBERN BUILDING
WASHINGTON DC 20515

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5600

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-LINK

Monthly Portfolio Summary

Asset	09/24/99 Value	%	10/29/99 Value	%
Cash/Money Funds	415	100	417	100
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities				
Mutual Funds				
Options				
Other				
Long Market Value	415		417	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	415		417	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	2.05	15.61
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends		
Income Not Reported		
Total	2.05	15.61

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 417 Investor Credit Line

NEWS

lovember 30th may be more important than April 15th! The tax lanning process begins today. Merrill Lynch has outlined five trategies which may help your after-tax portfolio performance. To rder "Harvesting Your Equity Portfolio for Tax Efficiency," call 300) MERRILL Ext. 4553 or your Financial Consultant.

Financial Market Indicators

	This Statement	Last Statement	Previous Year-End
Dow Jones Industrial Average	10731.76	10336.95	9181.43
Three-Month Treasury Bills	5.08%	4.84%	4.45%
Long-Term Treasury Bonds	6.16%	6.05%	5.09%

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Page	Statement Period	Account No.
1 OF 6	09/25/99 TO 10/29/99	

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Merrill Lynch

MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA ACCOUNT

CONGRESSMAN ROBERT CLEMENT

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Cash Flow Summary

Activity Summary	This Statement	Year-to-Date	Credits	This Statement	Year-to-Date	Debits	This Statement	Year-to-Date
Opening Balance Cash & Money Funds	415.79		Sales income Funds Received Other	2.05	15.61	Purchases Withdrawals Other		100.00
Net Credits & Debits	2.05	84.390R						
Closing Balance Cash & Money Funds	417.64		Total Credits	2.05	15.61	Total Debits		100.00

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
	Cash and Money Funds									
417	CMA MONEY FUND		1.00	417	1.00	417			20	4.96
	Total Cash/Money Funds			417		417			20	4.96
	Total of Long Portfolio			417		417			20	4.96

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MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA® ACCOUNT

Schedule 2
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CONGRESSMAN ROBERT CLEMENT

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Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Dividends and Interest			
10/29	Share Dividend	2	CMA MONEY FUND			.05
10/29	Cash Dividend		CMA MONEY FUND FROM 9-24 THRU 10-28			2.00
	Income Total		CMA MONEY FUND			2.05
			Net Total			

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
09/24	Opening Balance					.79CR	415
10/29	Share Dividend	2	CMA MONEY FUND		.05CR		
10/29	Cash Dividend		CMA MONEY FUND FROM 9-24 THRU 10-28		.84CR	.84CR	417
10/29	Closing Balance						

Customer Service

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Merrill Lynch

MASTER FINANCIAL
SERVICE

MERRILL LYNCH CMA® ACCOUNT

Schedule 2
Page 39

CONGRESSMAN ROBERT CLEMENT

** Duplicate copy **

greement Regarding Your Securities Account and Other Important Information
ou, the Client, and we, Merrill Lynch, Pierce, Fenner & Smith Inc., agree as follows:
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be the primary market for that security, unless you give us specific instructions to direct
e order elsewhere.
) We will hold bonds and preferred stocks in bulk segregation (except for those held in custodian
ccounts). In the event of a call for less than an entire issue or series of those securities,
e securities to be called will be automatically selected on a random basis from those held in bulk.
he probability that your holdings will be selected is proportional to the amount of your holdings
elative to those of other customers.
) If you have any obligations to us we can, subject to applicable rules and regulations of
egulatory bodies, without notifying you, take any of the following actions with any or all securities
your account, including securities you may acquire or deposit to secure your account.
We can pledge, repledge, hypothecate, or rehypothecate the securities. They may be commingled
with securities carried for the accounts of other customers.
We can lend the securities.
We can deliver the securities on contracts for other customers even if we do not have in our
possession and control a like amount of similar securities for delivery.
e can take any of these actions until you have discharged all your obligations to us. The amount
volved in these actions may be more or less than the amount you owe us.
) We are not responsible for the loss or destruction of securities that are placed in the custody of a
reign bank or broker or other custodian, and are lost or destroyed as a result of war,
vil commotion, enemy action, government acts or any other causes beyond the control of the
pository or us.
) This statement of account shall be deemed conclusive if not objected to within ten (10) days.
) We can transfer your account to anyone by assignment, merger, consolidation or otherwise, unless
ou give us written notice to the contrary at the time. This agreement will inure to the benefit of
yone to whom we transfer the accounts. Nothing contained in this paragraph shall affect your
ght to transfer your account under NYSE Rule 412.

surance
e are a member of the Securities Investor Protection Corporation (SIPC). The securities held in
our account are covered by SIPC protection and excess-SIPC protection obtained by Merrill Lynch.
or details, refer to the Program Description for your account, if applicable, or speak with your
nancial Consultant. We are not a bank, and the securities offered by us, unless otherwise indicated,
e not backed or guaranteed by any bank nor are they insured by the FDIC.

ther Important Information
) Depository institutions participating in the ISA program and Merrill Lynch Bank USA in
e CMA 2.0 program pay us a fee up to 2% per annum of the average daily depository account
lances in each program respectively.
) You will have the right to vote full shares, and we will solicit instructions concerning the
oting of full shares held in your account. If such instructions are not received by us on a timely
asis, the voting shares in your account will be governed by the rules and policies of the New York
ock Exchange and the Securities and Exchange Commission then in effect.

Other Important Information (Continued)
(3) This statement serves as a confirmation of purchases that result from automatic reinvestment transactions, as well as your AIPS transactions, during the statement period.
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WCMA Loan Account Activity
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Managed Trust Units
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Symbols and Abbreviations

Q	Interest reported to IRS by Merrill Lynch as required by law.
*	Gross Proceeds reported to the IRS by Merrill Lynch as required by law.
**	Dividends reported to the IRS by Merrill Lynch as required by law.
;	Merrill Lynch maintains a fundamental opinion on this company.
#	Transactions reported to IRS.
	Transaction you requested required same-day payment - MLPF&S retained last day's dividend to offset cost of advancing payment on your behalf.
A	This transaction was effected through a specialist which is our affiliate. In connection with its market making activity, such specialist may have a long or short position in this stock or in options on this stock and may be on the other side of public orders executed on the exchange. Such specialists may have profited or lost in connection with this transaction.
N/A	Value and/or cost data not available.
N/C	Not calculated.
N/N	Non-negotiable securities.
N/N N/O	Non-negotiable securities held registered in your name.
N/O	Held registered in your name.
NOCC	Options Clearing Corporation.
N/O CUST	Non-negotiable Custodian Registration.
NPC	Interests in assets not registered in the name of nor held by us or our nominees and held by you or registered in your name with the issuer or its agent. Merrill Lynch, Pierce, Fenner & Smith Inc. does not control or act as custodian for these investments.
RD	Bonds are changeable from coupon to registered and vice versa without charge.
RG	Bonds registered for both principal and interest.

errill Lynch, Pierce, Fenner & Smith Inc.
orld Financial Center
orth Tower
ew York, N.Y. 10281-1332
ember, Securities Investor Protection Corporation (SIPC)

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Page	Statement Period	Account No
5 OF 6	09/25/99 TO 10/29/99	[illegible]

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Merrill Lynch

MASTER FINANCIAL SERVICE

MERRILL LYNCH [redacted] ACCOUNT

Schedule 2
Page 40-A

TOTAL ACCOUNT VALUE AS OF 11/26/1999 $419.00

** Duplicate copy **

*** CONGRESSMAN ROBERT CLEMENT
FAO ROBERT CLEMENT
2229 RAYBERN BUILDING
WASHINGTON DC 20515

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5600

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-LINK

Monthly Portfolio Summary

Asset	10/29/99 Value	%	11/26/99 Value	%
Cash/Money Funds	417	100	419	100
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities				
Mutual Funds				
Options				
Other				
Long Market Value	417		419	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	417		419	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	1.59	17.20
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends		
Income Not Reported		
Total	1.59	17.20

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 419 Investor Credit Line

NEWS

Coming in December: The New Collective Wisdom Portfolios. For info, call your FC or (800) MERRILL, Ext. 4576. Merrill Lynch systems are Y2K-ready. During the year-end 12/31 - 1/2 weekend, please remember that regular end-of-year processing causes normal delays in the availability of account information posted on Merrill Lynch OnLine and all client service phone lines.

Financial Market Indicators

	This Statement	Last Statement	Previous Year-End
Dow Jones Industrial Average	10988.91	10731.76	9181.43
Three-Month Treasury Bills	5.28%	5.08%	4.45%
Long-Term Treasury Bonds	6.23%	6.16%	5.09%

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Merrill Lynch

IASTER FINANCIAL
ERVICE

MERRILL LYNCH CMA ACCOUNT

Schedule 2
Page 40-B

CONGRESSMAN ROBERT CLEMENT

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Cash Flow Summary

Activity Summary	This Statement	Year-to-Date	Credits	This Statement	Year-to-Date	Debits	This Statement	Year-to-Date
›ening Balance Cash & Money Funds	417.84		Sales			Purchases		
			Income	1.59	17.20	Withdrawals		
‹t Credits & Debits	1.59	- 82.800R	Funds Received			Other		100.00
			Other					
osing Balance Cash & Money Funds	419.43							
			Total Credits	1.59	17.20	Total Debits		100.00

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
	Cash and Money Funds									
	CASH			1		1				
418	CMA MONEY FUND		1.00	418	1.00	418			21	5.06
	Total Cash/Money Funds			419		419			21	5.07
	Total of Long Portfolio			419		419			21	5.05

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 CODE # 6060 (Statement Period 10/30/99 TO 11/26/99 Account No.

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Merrill Lynch

MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA ACCOUNT

Schedule I
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CONGRESSMAN ROBERT CLEMENT

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Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Dividends and Interest			
11/26	Share Dividend	1	CMA MONEY FUND			
11/26	Cash Dividend		CMA MONEY FUND FROM 10-29 THRU 11-24			.59
	Income Total		CMA MONEY FUND			1.00
			Net Total			1.59

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
10/29	Opening Balance					.84CR	417
11/26	Share Dividend	1	CMA MONEY FUND				
11/26	Cash Dividend		CMA MONEY FUND FROM 10-29 THRU 11-24		.59CR		
11/26	Closing Balance				1.43CR	1.43CR	418

Customer Service

For information about your account, please call 1-800-MER-LINK (1-800-637-5465). To report Lost or Stolen Visa Cards or Checks, please call 1-800-262-5678. When requested, enter your Access Code 92-576-39243.

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MERRILL LYNCH CMA® ACCOUNT

Schedule 2
Page 42

ASTER FINANCIAL
ERVICE

CONGRESSMAN ROBERT CLEMENT

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reement Regarding Your Securities Account and Other Important Information
u, the Client, and we, Merrill Lynch, Pierce, Fenner & Smith Inc., agree as follows:
We will direct your order for a multi-listed security or option to the market place we consider he the primary market for that security, unless you give us specific instructions to direct order elsewhere.
We will hold bonds and preferred stocks in bulk segregation (except for those held in custodian ounts). In the event of a call for less than an entire issue or series of those securities, securities to be called will be automatically selected on a random basis from those held in bulk. e probability that your holdings will be selected is proportional to the amount of your holdings tive to those of other customers.
If you have any obligations to us we can, subject to applicable rules and regulations of ulatory bodies, without notifying you, take any of the following actions with any or all securities your account, including securities you may acquire or deposit to secure your account.
We can pledge, repledge, hypothecate, or rehypothecate the securities. They may be commingled with securities carried for the accounts of other customers.
We can lend the securities.
We can deliver the securities on contracts for other customers even if we do not have in our possession and control a like amount of similar securities for delivery.
can take any of these actions until you have discharged all your obligations to us. The amount olved in these actions may be more or less than the amount you owe us.
We are not responsible for the loss or destruction of securities that are placed in the custody of a eign bank or broker or other custodian, and are lost or destroyed as a result of war, il commotion, enemy action, government acts or any other causes beyond the control of the ository or us.
This statement of account shall be deemed conclusive if not objected to within ten (10) days.
We can transfer your account to anyone by assignment, merger, consolidation or otherwise, unless r give us written notice to the contrary at the time. This agreement will inure to the benefit of sone to whom we transfer the accounts. Nothing contained in this paragraph shall affect your ht to transfer your account under NYSE Rule 412.

urance
are a member of the Securities Investor Protection Corporation (SIPC). The securities held in ur account are covered by SIPC protection and excess SIPC protection obtained by Merrill Lynch. details, refer to the Program Description for your account, if applicable, or speak with your ancial Consultant. We are not a bank, and the securities offered by us, unless otherwise indicated, not backed or guaranteed by any bank nor are they insured by the FDIC.

ter Important Information
Depository institutions participating in the ISA program and Merrill Lynch Bank USA in CMA 2.0 program pay us a fee up to 2% per annum of the average daily depository account ances in each program respectively.
You will have the right to vote full shares, and we will solicit instructions concerning the ing of full shares held in your account. If such instructions are not received by us on a timely is, the voting shares in your account will be governed by the rules and policies of the New York ck Exchange and the Securities and Exchange Commission then in effect.

rrill Lynch, Pierce, Fenner & Smith Inc.
rld Financial Center
rth Tower
w York, N.Y. 10281-1332
mber, Securities Investor Protection Corporation (SIPC)

Other Important Information (Continued)
(3) This statement serves as a confirmation of purchases that result from automatic reinvestment transactions, as well as your AIPS transactions, during the statement period.
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(5) As an option customer, please advise your Financial Consultant promptly of any material change in your investment objectives or financial condition. Individual options commission charges have been included in your confirmation; however, a summary of this information will be made available to you upon request.
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Information for RCMA for Business Retirement Plan clients on units of the Merrill Lynch GIC Managed Trust is reported from information supplied by the Merrill Lynch Trust Company or its agent. Neither the Trust nor its units are held in your Merrill Lynch, Pierce, Fenner & Smith Inc. account and therefore, are not subject to SIPC protection. An annual report will be furnished separately.

Symbols and Abbreviations

◻	Interest reported to IRS by Merrill Lynch as required by law.
*	Gross Proceeds reported to the IRS by Merrill Lynch as required by law.
**	Dividends reported to the IRS by Merrill Lynch as required by law.
;	Merrill Lynch maintains a fundamental opinion on this company.
:	Transactions reported to IRS.
#	Transaction you requested required same-day payment - MLPF&S retained last day's dividend to offset cost of advancing payment on your behalf.
A	This transaction was effected through a specialist which is our affiliate. In connection with its market making activity, such specialist may have a long or short position in this stock or in options on this stock and may be on the other side of public orders executed on the exchange. Such specialists may have profited or lost in connection with this transaction.
N/A	Value and/or cost data not available.
N/C	Not calculated.
N/N	Non-negotiable securities.
N/N N/O	Non-negotiable securities held registered in your name.
N/O	Held registered in your name.
NOCC	Options Clearing Corporation.
N/O CUST	Non-negotiable Custodian Registration.
NPC	Interests in assets not registered in the name of nor held by us or our nominees and held by you or registered in your name with the issuer or its agent. Merrill Lynch, Pierce, Fenner & Smith Inc. does not control or act as custodian for these investments.
RD	Bonds are changeable from coupon to registered and vice versa without charge.
RG	Bonds registered for both principal and interest.

PLEASE SEE REVERSE SIDE

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Merrill Lynch

MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA® ACCOUNT

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TOTAL ACCOUNT VALUE AS OF 12/31/1999 $421.00

** Duplicate copy **

*** CONGRESSMAN ROBERT CLEMENT
FAO ROBERT CLEMENT
2229 RAYBERN BUILDING
WASHINGTON DC 20515

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5600

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-LINK

Monthly Portfolio Summary

Asset	11/26/99 Value	%	12/31/99 Value	%
Cash/Money Funds	419	100	421	100
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities				
Mutual Funds				
Options				
Other				
Long Market Value	419		421	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	419		421	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	2.23	19.43
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends		
Income Not Reported		
Total	2.23	19.43

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 421 Investor Credit Line

NEWS

The 2000 Collective Wisdom Portfolios. Merrill Lynch's global research team has introduced the U.S. and International Collective Wisdom Portfolios, comprised of their top stock ideas for the year ahead. For more information and to get our 20 pg. report contact your Financial Consultant, log on to MLOL or call 1-800-Merrill ext 4576.

Financial Market Indicators

	This Statement	Last Statement	Previous Year-End
Dow Jones Industrial Average	11497.12	10877.81	9181.43
Three-Month Treasury Bills	5.31%	5.29%	4.45%
Long-Term Treasury Bonds	6.47%	6.28%	5.09%

PLEASE SEE REVERSE SIDE

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Merrill Lynch
MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA® ACCOUNT

CONGRESSMAN ROBERT CLEMENT

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Cash Flow Summary

Activity Summary	This Statement	Year-to-Date	Credits	This Statement	Year-to-Date	Debits	This Statement	Year-to-Date
Opening Balance Cash & Money Funds	419.43		Sales Income Funds Received	2.23	19.43	Purchases Withdrawals		
Net Credits & Debits	2.23	80:570R	Other			Other		100.00
Closing Balance Cash & Money Funds	421.66		Total Credits	2.23	19.43	Total Debits		100.00

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
	Cash and Money Funds									
421	CMA MONEY FUND		1.00	421	1.00	421			22	5.26
	Total Cash/Money Funds			421		421			22	5.26
	Total of Long Portfolio			421		421			22	5.26

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Merrill Lynch

MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA ACCOUNT

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CONGRESSMAN ROBERT CLEMENT

** Duplicate copy **

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Dividends and interest			
12/31	Share Dividend	2	CMA MONEY FUND			
12/31	Cash Dividend		CMA MONEY FUND FROM 11-25 THRU 12-31			.23
	Income Total		CMA MONEY FUND			2.00
			Net Total			2.23

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
11/26	Opening Balance					1.43CR	418
11/29	Purchase	1	CMA MONEY FUND		1.00	.43CR	419
12/31	Share Dividend	2	CMA MONEY FUND				
12/31	Cash Dividend		CMA MONEY FUND FROM 11-25 THRU 12-31		.23CR		
12/31	Closing Balance				.66CR	.66CR	421

Customer Service

For information about your account, please call 1-800-MER-LINK (1-800-637-5465). To report Lost or Stolen Visa Cards or Checks, please call 1-800-262-5678. When requested, enter your Access Code 82-576-39243.

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MASTER FINANCIAL SERVICE

MERRILL LYNCH CMA® ACCOUNT

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CONGRESSMAN ROBERT CLEMENT

** Duplicate copy **

Agreement Regarding Your Securities Account and Other Important Information
You, the Client, and we, Merrill Lynch, Pierce, Fenner & Smith Inc., agree as follows:
1) We will direct your order for a multi-listed security or option to the market place we consider to be the primary market for that security, unless you give us specific instructions to direct the order elsewhere.
2) We will hold bonds and preferred stocks in bulk segregation (except for those held in custodian accounts). In the event of a call for less than an entire issue or series of those securities, the securities to be called will be automatically selected on a random basis from those held in bulk. The probability that your holdings will be selected is proportional to the amount of your holdings relative to those of other customers.
3) If you have any obligations to us we can, subject to applicable rules and regulations of regulatory bodies, without notifying you, take any of the following actions with any or all securities in your account, including securities you may acquire or deposit to secure your account.
We can pledge, repledge, hypothecate, or rehypothecate the securities. They may be commingled with securities carried for the accounts of other customers.
We can lend the securities.
We can deliver the securities on contracts for other customers even if we do not have in our possession and control a like amount of similar securities for delivery.
We can take any of these actions until you have discharged all your obligations to us. The amount involved in these actions may be more or less than the amount you owe us.
4) We are not responsible for the loss or destruction of securities that are placed in the custody of a foreign bank or broker or other custodian, and are lost or destroyed as a result of war, civil commotion, enemy action, government acts or any other causes beyond the control of the depository or us.
5) This statement of account shall be deemed conclusive if not objected to within ten (10) days.
6) We can transfer your account to anyone by assignment, merger, consolidation or otherwise, unless you give us written notice to the contrary at the time. This agreement will inure to the benefit of anyone to whom we transfer the accounts. Nothing contained in this paragraph shall affect your right to transfer your account under NYSE Rule 412.

Insurance
We are a member of the Securities Investor Protection Corporation (SIPC). The securities held in your account are covered by SIPC protection and excess-SIPC protection obtained by Merrill Lynch. For details, refer to the Program Description for your account, if applicable, or speak with your Financial Consultant. We are not a bank, and the securities offered by us, unless otherwise indicated, are not backed or guaranteed by any bank nor are they insured by the FDIC.

Other Important Information
1) Depository institutions participating in the ISA program and Merrill Lynch Bank USA in the CMA 2.0 program pay us a fee up to 2% per annum of the average daily depository account balances in each program respectively.
2) You will have the right to vote full shares, and we will solicit instructions concerning the voting of full shares held in your account. If such instructions are not received by us on a timely basis, the voting shares in your account will be governed by the rules and policies of the New York Stock Exchange and the Securities and Exchange Commission then in effect.

Merrill Lynch, Pierce, Fenner & Smith Inc.
World Financial Center
North Tower
New York, N.Y. 10281-1332
Member, Securities Investor Protection Corporation (SIPC)

Other Important Information (Continued)
(3) This statement serves as a confirmation of purchases that result from automatic reinvestment transactions, as well as your AIPS transactions, during the statement period.
(4) Insurance policy information is based on data from the insurer that issued the policy. Merrill Lynch is not responsible for the calculation of policy values. Policies are generally not held in your Merrill Lynch account. If Merrill Lynch as custodian or trustee holds a policy that is a security, SIPC protection and excess SIPC protection applies.
(5) As an option customer, please advise your Financial Consultant promptly of any material change in your investment objectives or financial condition. Individual options commission charges have been included in your confirmation; however, a summary of this information will be made available to you upon request.
(6) Our financial statement is available for your personal inspection at our office, or a copy of it will be mailed upon your written request.

Special Note: If your records differ from this information, please notify your Financial Consultant in writing with a copy of the statement noting the discrepancy and, if appropriate, any necessary adjustments will be made.

WCMA Loan Account Activity
Reports important information from Merrill Lynch Business Financial Services Inc. (MLBFS,Inc.) through which the WCMA Line of Credit is made available. Includes information on your Line of Credit, Loan Balance, Loan Subject to Interest, and Loan Interest Charged. Interest charges accrue daily during the statement period with each day being deemed to constitute 1/360 of a year. Refer to the WCMA Agreement and documents required by MLBFS for details.

Managed Trust Units
Information for RCMA for Business Retirement Plan clients on units of the Merrill Lynch GIC Managed Trust is reported from information supplied by the Merrill Lynch Trust Company or its agent. Neither the Trust nor its units are held in your Merrill Lynch, Pierce, Fenner & Smith Inc. account and therefore, are not subject to SIPC protection. An annual report will be furnished separately.

Symbols and Abbreviations

‡	Interest reported to IRS by Merrill Lynch as required by law.
*	Gross Proceeds reported to the IRS by Merrill Lynch as required by law.
•	Dividends reported to the IRS by Merrill Lynch as required by law.
**	Merrill Lynch maintains a fundamental opinion on this company.
;	Transactions reported to IRS.
#	Transaction you requested required same-day payment - MLPF&S retained last day's dividend to offset cost of advancing payment on your behalf.
A	This transaction was effected through a specialist which is our affiliate. In connection with its market making activity, such specialist may have a long or short position in this stock or in options on this stock and may be on the other side of public orders executed on the exchange. Such specialists may have profited or lost in connection with this transaction.
N/A	Value and/or cost data not available.
N/C	Not calculated.
N/N	Non-negotiable securities.
N/N N/O	Non-negotiable securities held registered in your name.
N/O	Held registered in your name.
NOCC	Options Clearing Corporation.
N/O CUST	Non-negotiable Custodian Registration.
NPC	Interests in assets not registered in the name of nor held by us or our nominees and held by you or registered in your name with the issuer or its agent. Merrill Lynch, Pierce, Fenner & Smith Inc. does not control or act as custodian for these investments.
RD	Bonds are changeable from coupon to registered and vice versa without charge.
RG	Bonds registered for both principal and interest.

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Merrill Lynch

IRA

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Summary Page

January 1999

Account Type	Taxpayer	Page	Statement Period
		1 OF 2	01/01/99 TO 01/29/99

our Financial Consultant
ARY D BAKER
G#3517
15-747-5600

Office Serving Your Account
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

EIN Number:

FAO NLPFB & CUST FBO
ROBERT N CLEMENT IRA
FBO ROBERT N CLEMENT
ATTN CAROLYN WAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515-0005

Iccount Summary

		Amount
IONEY ACCOUNTS		$0.00
:ASH		$0.00
RICEO INVESTMENTS		$8,948.00
RICEO PORTFOLIO - AS OF	01/29/99	$8,948.00
- AS OF	12/31/98	$8,884.00

Income Summary

	This Statement	Year to Date
PORTFOLIO DIVIDENDS/INTEREST	$0.00	$0.00
MONEY ACCOUNT INCOME	$0.00	$0.00
TOTAL	$0.00	$0.00

etirement Plan Activity

ecription		Tax Year 1998	Tax Year 1999
NTRIBUTIONS :	ROLLOVER DEPOSITS	$24.55	$0.00

ACT NOW IF YOU HAVEN'T FUNDED YOUR IRA FOR 1998, OR GET A HEAD START ON FUNDING YOUR IRA FOR 1999. SEE NEWSLETTER FOR DETAILS.

ase advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your dress. When making inquires, please, mention your account number and address all correspondence to the office servicing ur account. Please retain this statement for your tax records. See reverse side for explanation of key terms. Merrill Lynch, ce Pierce Fenner & Smith Inc. Member Securities Investor Protection Corporation (SIPC)

Statement of Retirement Account

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Merrill Lynch

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Account Type	Taxpayer No.	Page	Statement Period
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AO MLPF& S CUST FPO
ODERT N CLEMENT IRA

urrent Portfolio

	Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Market Value	Estimated Current Yield %	Estimated Annual Income	Estimated Accrued Interest
UITIES								
	WILSON BANK HOLDING CO.	N/N	552	UNAVAILABLE				
	WILSON BANK HOLDING CO		39	UNAVAILABLE				
TUAL FUNDS & UNIT	INVEST TRUSTS							
	ML PACIFIC FUND CL D		530.7340	16.860	$8,948			
	EATON VNCE PRM R RSV			12.400	$0			
	.0020 FRACTIONAL QUANTITY							
	SUBTOTAL				$8,948			
	TOTALS FOR PRICED INVESTMENTS				$8,948.00			

NEY ACCOUNT SITIONS	Description	Opening Balance As of 01/01	Dividends/Interest This Statement	Closing Balance As of 01/29	Current Yield %	Dividends/Interest Year to Date
	Priced Portfolio			$8,948.00		

Year-End Plan Value as of 12/31/98: $8,884.00

DUPLICATE 1

END OF IRA STATEMENT

January 1999

Statement of Retirement Account

ease advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your dress. When making inquiries, please, mention your account number and address all correspondence to the office servicing ur account. Please retain this statement for your tax records. See reverse side for explanation of key terms. Merrill Lynch, erce, Fenner & Smith Inc. Member Securities Investor Protection Corporation (SIPC)

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PLICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

IRA

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Summary Page — February 1999

Account No.	Account Type	Page	Statement Period
		1 OF 2	01/30/99 TO 02/26/99

Your Financial Consultant
GARY D BAKER
FC#3517
615-747-5600

Office Serving Your Account
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

EIN Number:

MLPF& S CUST FBO
ROBERT N CLEMENT IRA
FBO ROBERT N CLEMENT
8202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

Account Summary

		Amount
MONEY ACCOUNTS		$0.00
CASH		$0.00
PRICED INVESTMENTS		$8,788.00
PRICED PORTFOLIO - AS OF	02/26/99	$8,788.00
- AS OF	01/29/99	$8,948.00

Income Summary

	This Statement	Year to Da
PORTFOLIO DIVIDENDS/INTEREST	$0.00	$0.(
MONEY ACCOUNT INCOME	$0.00	$0.(
TOTAL	$0.00	$0.(

Retirement Plan Activity

Description	Tax Year 1998	Tax Year 1999
CONTRIBUTIONS : ROLLOVER DEPOSITS	$24.55	$0.00

DECIDING WHICH IRA MAY BE RIGHT FOR YOU CAN BE CONFUSING. MERRILL LYNCH'S PREMIER ROTH IRA CALCULATOR CAN HELP. SEE NEWSLETTER.

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PLICATE MERRILL LYNCH STATEMENT STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD

IRA

Account No.	Account Type	Taxpayer No.	Page	Statement Period
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ROBERT N CLEMENT IRA
FBO ROBERT N CLEMENT

Current Portfolio

	Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Market Value	Estimated Current Yield %	Estimated Annual Income	Estim. Acc. Inc
EQUITIES								
	WILSON BANK HOLDING CO	N/N	552	UNAVAILABLE				
	WILSON BANK HOLDING CO		39	UNAVAILABLE				
MUTUAL FUNDS & UNIT INVEST TRUSTS								
	ML PACIFIC FUND CL B		530.7340	16.560	$8,788			
	EATON VNCE PRM R RSV			12.400	$0			
	.0020 FRACTIONAL QUANTITY							
	SUBTOTAL				$8,788			
	TOTALS FOR PRICED INVESTMENTS				$8,788.00			

MONEY ACCOUNT POSITIONS	Description	Opening Balance As of 01/30	Dividends/Interest This Statement	Closing Balance As of 02/26	Current Yield %	Dividends/Inter Year to D
	Priced Portfolio			$8,788.00		

Year-End Plan Value as of 12/31/98: $8,884.00

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END OF IRA STATEMENT

February 199

Merrill Lynch

IRA

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Summary Page

March 1999

Account No	Account Type	Taxpayer No	Page	Statement Period
	IRA		1 OF 2	02/27/99 TO 03/26/99

Your Financial Consultant
GARY O BAKER
FC#1517
615-747-5600

Office Serving Your Account
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

EIN Number:

FAO MLPF& S CUST FBO
ROBERT N CLEMENT IRA
FBO ROBERT N CLEMENT
ATTN CAROLYN WAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515-0005

Account Summary

		Amount
MONEY ACCOUNTS		$0.00
CASH		$0.00
PRICED INVESTMENTS		$9,675.00
PRICED PORTFOLIO - AS OF	03/26/99	$9,675.00
- AS OF	02/26/99	$8,788.00

Income Summary

	This Statement	Year to Date
PORTFOLIO DIVIDENDS/INTEREST	$0.00	$0.00
MONEY ACCOUNT INCOME	$0.00	$0.00
TOTAL	$0.00	$0.00

Retirement Plan Activity

Description		Tax Year 1998	Tax Year 1999
CONTRIBUTIONS :	ROLLOVER DEPOSITS	$24.55	$0.00

SEE NEWSLETTER FOR SPECIFIC INFORMATION ON IRS REPORTING FORMS IF YOU'RE TAKING DISTRIBUTIONS FROM YOUR RETIREMENT ACCOUNT.

DUPLICATE 1 IRA STATEMENT March 1999

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please, mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms. Merrill Lynch, Pierce, Fenner & Smith Inc. Member, Securities Investor Protection Corporation (SIPC)

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Merrill Lynch

IRA

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Account Type	Taxpayer No	Page	Statement Period
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FAO MLPF& S CUST FPO
ROBERT N CLEMENT IRA

Current Portfolio

	Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Market Value	Estimated Current Yield %	Estimated Annual Income	Estimated Accrued Interest
EQUITIES								
	WILSON BANK HOLDING CO	N/N	552	UNAVAILABLE				
	WILSON BANK HOLDING CO		39	UNAVAILABLE				
MUTUAL FUNDS & UNIT INVEST TRUSTS								
	ML PACIFIC FUND CL B		530.7340	18.230	$9,675			
	EATON VNCE PRM R RSV			12.370	$0			
	.0020 FRACTIONAL QUANTITY							
	SUBTOTAL				$9,675			
	TOTALS FOR PRICED INVESTMENTS				$9,675.00			

MONEY ACCOUNT POSITIONS	Description	Opening Balance As of 02/27	Dividends/Interest This Statement	Closing Balance As of 03/26	Current Yield %	Dividends/Interest Year to Date
	Priced Portfolio			$9,675.00		

Year-End Plan Value as of 12/31/98: $8,884.00

DUPLICATE 1

END OF IRA STATEMENT

March 1999

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please, mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms. Merrill Lynch, Pierce, Fenner & Smith Inc. Member, Securities Investor Protection Corporation (SIPC)

Statement of Retirement Accoun

Merrill Lynch

IRA

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April 1999

Account No.	Account Type	Taxpayer No	Page	Statement Period
[illegible]	IRA	[illegible]	1 OF 2	03/27/99 TO 04/30/99

Your Financial Consultant
GARY D BAKER
FC#3517
615-747-5600

Office Serving Your Account
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

EIN Number:

FAO MLPF& S CUST FPO
ROBERT N CLEMENT IRA
FBO ROBERT N CLEMENT
ATTN CAROLYN WAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515-0005

Account Summary

		Amount
MONEY ACCOUNTS		$0.00
CASH		$0.00
PRICED INVESTMENTS		$10,306.00
PRICED PORTFOLIO - AS OF	04/30/99	$10,306.00
- AS OF	03/26/99	$9,675.00

Income Summary

	This Statement	Year to Date
PORTFOLIO DIVIDENDS/INTEREST	$0.00	$0.0
MONEY ACCOUNT INCOME	$0.00	$0.0
TOTAL	$0.00	$0.0

Retirement Plan Activity

Description		Tax Year 1998	Tax Year 1999
CONTRIBUTIONS :	ROLLOVER DEPOSITS	$24.55	$0.00

LOOKING FOR A MEANINGFUL GIFT? THE RETIREMENT ADVISOR EXPLAINS SEVERAL WAYS TO GIVE CHILDREN THE GIFT OF EDUCATION.

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please, mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms. Merrill Lynch, Pierce, Fenner & Smith Inc. Member Securities Investor Protection Corporation (SIPC)

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Account No.	Account Type	Taxpayer No.	Page	Statement Period
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FAO MLPF& S CUST FPO
ROBERT N CLEMENT IRA

Current Portfolio

	Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Market Value	Estimated Current Yield %	Estimated Annual Income	Estima Accr Intor
EQUITIES	WILSON BANK HOLDING CO	N/N	552	UNAVAILABLE				
	WILSON BANK HOLDING CO		39	UNAVAILABLE				
MUTUAL FUNDS & UNIT INVEST TRUSTS	ML PACIFIC FUND CL 0		530.7340	19.420	$10,306			
	EATON VNCE PRM R RSV			12.350	$0			
	.0020 FRACTIONAL QUANTITY							
	SUBTOTAL				$10,306			
	TOTALS FOR PRICED INVESTMENTS				$10,306.00			

MONEY ACCOUNT POSITIONS	Description	Opening Balance As of 03/27	Dividends/Interest This Statement	Closing Balance As of 04/30	Current Yield %	Dividends/Inter Year to D
	Priced Portfolio			$10,306.00		

Year-End Plan Value as of 12/31/98: $8,884.00

DUPLICATE 1

END OF IRA STATEMENT

April 1999

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please, mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms. Merrill Lynch, Pierce, Fenner & Smith Inc. Member Securities Investor Protection Corporation (SIPC)

Statement of Retirement Accou

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Merrill Lynch

IRA

RECEIVE
JUN 14 1999
Nydia M. Velázquez, M.C.

RESPECTFULLY REFERRED
NOT ACKNOWLEDGED

Summary Page — **May 1999**

Account No.	Account Type	Taxpayer	Page	Statement Period
	IA		1 OF 2	05/01/99 TO 05/28/99

Your Financial Consultant
CARY D BAKER
FC#3517
615-747-5600

Office Serving Your Account
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

EIN Number:

FAO MLPF& S CUST FPO
ROBERT N CLEMENT IRA
FBO ROBERT N CLEMENT
ATTN CAROLYN WAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515-0005

Account Summary

		Amount
MONEY ACCOUNTS		$0.00
CASH		$0.00
PRICED INVESTMENTS		$9,930.00
PRICED PORTFOLIO - AS OF	05/28/99	$9,930.00
- AS OF	04/30/99	$10,306.00

Income Summary

	This Statement	Year to Date
PORTFOLIO DIVIDENDS/INTEREST	$0.00	$0.00
MONEY ACCOUNT INCOME	$0.00	$0.00
TOTAL	$0.00	$0.00

Retirement Plan Activity

Description		Tax Year 1998	Tax Year 1999
CONTRIBUTIONS :	ROLLOVER DEPOSITS	$24.55	$0.00

TRADITIONAL OR ROTH: WHICH IRA MAKES SENSE FOR YOU? WHEN IS CONVERSION SMART? SEE NEWSLETTER FOR INFORMATION.

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquires, please, mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms. Merrill Lynch, Pierce, Fenner & Smith Inc. Member Securities Investor Protection Corporation (SIPC)

Statement of
Retirement Accou

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Merrill Lynch

IRA

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Account No.	Account Type	Taxpayer No	Page	Statement Period
			2 OF 2	05/01/99 TO 05/28/99

FAO MLPF& S CUST FPO
ROBERT N CLEMENT IRA

Current Portfolio

	Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Market Value	Estimated Current Yield %	Estimated Annual Income	Estimate Accrue Interes
EQUITIES								
	WILSON BANK HOLDING CO	N/N	552	UNAVAILABLE				
	WILSON BANK HOLDING CO		39	UNAVAILABLE				
MUTUAL FUNDS & UNIT INVEST TRUSTS								
	ML PACIFIC FUND CL B		530.7340	18.710	$9,930			
	EATON VNCE PRM R RSV			12.230	$0			
	.0020 FRACTIONAL QUANTITY							
	SUBTOTAL				$9,930			
	TOTALS FOR PRICED INVESTMENTS				$9,930.00			

MONEY ACCOUNT POSITIONS	Description	Opening Balance As of 05/01	Dividends/Interest This Statement	Closing Balance As of 05/28	Current Yield %	Dividends/Interes Year to Dat
	Priced Portfolio			$9,930.00		

Year-End Plan Value as of 12/31/98: $45,957.75

****** DUPLICATE 1 END OF IRA STATEMENT May 1999

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquires, please, mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms. Merrill Lynch, Pierce, Fenner & Smith Inc. Member, Securities Investor Protection Corporation (SIPC)

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Merrill Lynch

IRA

Summary Page

June 1999

Account Type | Taxpayer No | Page 1 OF 2 | Statement Period 05/29/99 TO 06/25/99

Your Financial Consultant
GARY O BAKER
FC#3517
615-747-5600

Office Serving Your Account
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

EIN Number:

FAO HLPF& S CUST FPO
ROBERT N CLEMENT IRA
FBO ROBERT N CLEMENT
ATTN CAROLYN WAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515-0005

Account Summary

		Amount
MONEY ACCOUNTS		$0.00
CASH		$0.00
PRICED INVESTMENTS		$10,911.00
PRICED PORTFOLIO - AS OF	06/25/99	$10,911.00
- AS OF	05/28/99	$9,930.00

Income Summary

	This Statement	Year to Date
PORTFOLIO DIVIDENDS/INTEREST	$0.00	$0.00
MONEY ACCOUNT INCOME	$0.00	$0.00
TOTAL	$0.00	$0.00

Retirement Plan Activity

Description		Tax Year 1998	Tax Year 1999
CONTRIBUTIONS :	ROLLOVER DEPOSITS	$24.55	$0.00

WELCOME TO MERRILL LYNCH & YOU. SEE THE ENCLOSED BROCHURE TO LEARN HOW WE'RE REBUILDING OUR STRENGTHS AROUND YOUR NEEDS.

DUPLICATE 1

IRA STATEMENT

June 1999

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquires, please, mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms. Merrill Lynch, Pierce, Fenner & Smith Inc. Member Securities Investor Protection Corporation (SIPC)

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IRA

Account No.	Account Type	Page	Statement Period
		2 OF 2	05/29/99 TO 06/25/99

FAO MLPF& S CUST FPO
ROBERT N CLEMENT IRA

Current Portfolio

	Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Market Value	Estimated Current Yield %	Estimated Annual Income	Estimated Accrued Interest
EQUITIES	WILSON BANK HOLDING CO	N/N	552	UNAVAILABLE				
	WILSON BANK HOLDING CO		39	UNAVAILABLE				
MUTUAL FUNDS & UNIT INVEST TRUSTS	ML PACIFIC FUND CL D		530.7340	20.560	$10,911			
	EATON VNCE PRM R RSV			12.360	$0			
	.0020 FRACTIONAL QUANTITY							
	SUBTOTAL				$10,911			
	TOTALS FOR PRICED INVESTMENTS				$10,911.00			

MONEY ACCOUNT POSITIONS	Description	Opening Balance As of 05/28	Dividends/Interest This Statement	Closing Balance As of 06/25	Current Yield %	Dividends/Interest Year to Date
	Priced Portfolio			$10,911.00		

Year-End Plan Value as of 12/31/98: $45,957.75

**** *IMPORTANT TAX REPORTING INFORMATION* ****

Your date of birth and social security number are vital pieces of information required to ensure that the government reporting done on your account is accurate. Please verify the information below and contact your financial consultant if any change is necessary. Thank you.

Date of Birth: September 23, 1943
Social Security Number: 408-68-5365

DUPLICATE 1

END OF IRA STATEMENT

June 1999

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please, mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms. Merrill Lynch, Pierce, Fenner & Smith Inc. Member Securities Investor Protection Corporation (SIPC)

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Merrill Lynch

IRA

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July 1999

Account No	Account Type	Taxpayer No	Page	Statement Period
			1 OF 2	06/26/99 TO 07/30/99

Your Financial Consultant
GARY D DAKER
FC#3517
615-747-5600

Office Serving Your Account
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

EIN Number.

FAO MLPF& S CUST FPO
ROBERT N CLEMENT IRA
FBO ROBERT N CLEMENT
ATTN CAROLYN WAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515-0005

Account Summary

		Amount
MONEY ACCOUNTS		$0.00
CASH		$0.00
PRICED INVESTMENTS		$11,623.00
PRICED PORTFOLIO - AS OF	07/30/99	$11,623.00
- AS OF	06/25/99	$10,911.00

Income Summary

	This Statement	Year to Dat
PORTFOLIO DIVIDENDS/INTEREST	$0.00	$0.0
MONEY ACCOUNT INCOME	$0.00	$0.0
TOTAL	$0.00	$0.0

Retirement Plan Activity

Description		Tax Year 1998	Tax Year 1999
CONTRIBUTIONS :	ROLLOVER DEPOSITS	$24.55	$0.00

WOULD YOU LIKE TO INVEST FOR LONG-TERM GROWTH WHILE LIMITING RISK? SEE THIS MONTH'S NEWSLETTER FOR FURTHER DETAILS.

DUPLICATE 1 IRA STATEMENT July 1999

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please, mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms. Merrill Lynch, Pierce, Fenner & Smith Inc. Member Securities Investor Protection Corporation (SIPC)

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Account Number	Account Type	Tax Year	Page	Statement Period
			2 OF 2	06/26/99 TO 07/30/99

FAO MLPF& S CUST FPO
RODERT N CLEMENT IRA

Current Portfolio

	Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Market Value	Estimated Current Yield %	Estimated Annual Income	Estima Accr Inter
EQUITIES								
	WILSON BANK HOLDING CO	N/N	552	UNAVAILABLE				
	WILSON BANK HOLDING CO		39	UNAVAILABLE				
MUTUAL FUNDS & UNIT INVEST TRUSTS								
	ML PACIFIC FUND CL B		530.7340	21.900	$11,623			
	EATON VNCE PRM R RSV			10.000	$0			
	.0020 FRACTIONAL QUANTITY							
	SUBTOTAL				$11,623			
	TOTALS FOR PRICED INVESTMENTS				$11,623.00			

MONEY ACCOUNT POSITIONS	Description	Opening Balance As of 06/26	Dividends/Interest This Statement	Closing Balance As of 07/30	Current Yield %	Dividends/Inter Year to D
	Priced Portfolio			$11,623.00		

Year-End Plan Value as of 12/31/98: $45,957.75

DUPLICATE 1 END OF IRA STATEMENT July 1999

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please, mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms. Merrill Lynch, Pierce, Fenner & Smith Inc. Member Securities Investor Protection Corporation (SIPC)

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Merrill Lynch

IRA

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Summary Page — **August 1999**

Account No.	Account Type	Page	Statement Period
-		1 OF 3	07/31/99 TO 08/27/99

ur Financial Consultant
RY D BAKER
#3517
5-747-5600

Office Serving Your Account
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

EIN Number:

FAO MLPF& S CUST FPO
ROBERT N CLEMENT IRA
FBO ROBERT N CLEMENT
ATTN CAROLYN WAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515-0005

:count Summary

		Amount
NEY ACCOUNTS		$0.00
SH		$0.00
ICED INVESTMENTS		$11,575.00
ICED PORTFOLIO - AS OF	08/27/99	$11,575.00
- AS OF	07/30/99	$11,623.00

Income Summary

	This Statement	Year to Date
PORTFOLIO DIVIDENDS/INTEREST	$0.00	$0.00
MONEY ACCOUNT INCOME	$0.00	$0.00
TOTAL	$0.00	$0.00

irement Plan Activity

:ription		Tax Year 1998	Tax Year 1999
TRIBUTIONS :	ROLLOVER DEPOSITS	$24.55	$0.00

YOUR NEWSLETTER INTRODUCES AN INNOVATIVE, STATE-SPONSORED COLLEGE-INVESTING PLAN TO HELP SAVE AND INVEST FOR EDUCATION EXPENSES.

DUPLICATE 1 IRA STATEMENT August 1999

e advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your ss. When making inquiries, please, mention your account number and address all correspondence to the office servicing account. Please retain this statement for your tax records. See reverse side for explanation of key terms. Merrill Lynch, Pierce, Fenner & Smith Inc. Member Securities Investor Protection Corporation (SIPC)

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Account No.	Account Type	Taxpayer	Page	Statement Period
576-41272	IRA		2 OF 3	07/31/99 TO 08/27/99

FAO MLPF& S CUST FPO
ROBERT N CLEMENT IRA

Daily Account Activity

Date	Transaction	Description	Quantity	Price	Amount
08/25	6R	WILSON BANK HOLDING CO	39		
08/25	15	WILSON BANK HOLDING CO	552		
08/27		Closing Balance			$0.00

Current Portfolio

	Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Market Value	Estimated Current Yield %	Estimated Annual Income	Estimated Accrued Interest
MUTUAL FUNDS & UNIT INVEST TRUSTS								
	ML PACIFIC FUND CL B		530.7340	21.810	$11,575			
	EATON VNCE PRM R RSV			10.000	$0			
	.0020 FRACTIONAL QUANTITY							
	SUBTOTAL				$11,575			
	TOTALS FOR PRICED INVESTMENTS				$11,575.00			

MONEY ACCOUNT POSITIONS	Description	Opening Balance As of 07/31	Dividends/Interest This Statement	Closing Balance As of 08/27	Current Yield %	Dividends/Interest Year to Date

CONTINUED ON NEXT PAGE

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please, mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms. Merrill Lynch, Pierce, Fenner & Smith Inc. Member Securities Investor Protection Corporation (SIPC)

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Account No.	Account Type	Transit No.	Page	Statement Period
			3 OF 3	07/31/99 TO 08/27/99

FAO MLPF& S CUST FPO
ROBERT N CLEMENT IRA

Current Portfolio/Continued

Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Market Value	Estimated Current Yield %	Estimated Annual Income	Estimated Accrued Interest
Priced Portfolio				$11,575.00			

Year-End Plan Value as of 12/31/98: $45,957.75

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Statement of Retirement Accoun

Merrill Lynch

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Summary Page — **September 1999**

Account No. [illegible] Type | Tax [illegible] | Page 1 OF 2 | Statement Period 08/28/99 TO 09/24/99

Your Financial Consultant
GARY O BAKER
FC#3517
615-747-5600

Office Serving Your Account
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

EIN Number:

FAO MLPF& S CUST FPO
ROBERT N CLEMENT IRA
FBO ROBERT N CLEMENT
ATTN CAROLYN WAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515-0005

Account Summary

		Amount
MONEY ACCOUNTS		$0.00
CASH		$0.00
PRICED INVESTMENTS		$11,824.00
PRICED PORTFOLIO - AS OF	09/24/99	$11,824.00
- AS OF	08/27/99	$11,575.00

Income Summary

	This Statement	Year to Dat
PORTFOLIO DIVIDENDS/INTEREST	$0.00	$0.0
MONEY ACCOUNT INCOME	$0.00	$0.0
TOTAL	$0.00	$0.0

Retirement Plan Activity

Description		Tax Year 1998	Tax Year 1999
CONTRIBUTIONS :	ROLLOVER DEPOSITS	$24.55	$0.00

WE ARE PLEASED TO INTRODUCE AN ENHANCED NEWSLETTER. PLEASE CHECK THE INSERTS FOR INFORMATION ON RETIREMENT-ACCOUNT FEES.

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please, mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms. Merrill Lynch, Pierce, Fenner & Smith Inc. Member, Securities Investor Protection Corporation (SIPC)

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Account Number	Account Type	Taxpayer No	Page	Statement Period
[illegible]	IRA		2 OF 2	08/28/99 TO 09/24/99

FAO MLPF& S CUST FPO
ROBERT N CLEMENT IRA

Current Portfolio

	Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Market Value	Estimated Current Yield %	Estimated Annual Income	Estim Acc Inc
MUTUAL FUNDS & UNIT	INVEST TRUSTS							
	ML PACIFIC FUND CL B		530.7340	22.280	$11,824			
	EATON VNCE PRM R RSV			9.990	$0			
	.0020 FRACTIONAL QUANTITY							
	SUBTOTAL				$11,824			
	TOTALS FOR PRICED INVESTMENTS				$11,824.00			

MONEY ACCOUNT POSITIONS	Description	Opening Balance As of 08/28	Dividends/Interest This Statement	Closing Balance As of 09/24	Current Yield %	Dividends/Inc Year to
	Priced Portfolio			$11,824.00		

Year-End Plan Value as of 12/31/98: *$45,957.75*

**** *IMPORTANT CUSTODIAL FEE INFORMATION* ****

Your 1999 Custodial Fee is scheduled to be paid from your Retirement Account in November, 1999.
You may change your method of payment by contacting your Financial Consultant before October 22, 1999. Thank you.

DUPLICATE 1 END OF IRA STATEMENT September 1

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please, mention your account number and address all correspondence to the office servicing

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Merrill Lynch

IRA

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Summary Page — October 1999

Account No.	Account Type	Taxpayer No	Page	Statement Period
			1 OF 2	09/25/99 TO 10/29/99

Your Financial Consultant
GARY O BAKER
FC#3517
615-747-5600

Office Serving Your Account
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

EIN Number:

FAO MLPF& S CUST FBO
ROBERT N CLEMENT IRA
FBO ROBERT N CLEMENT
ATTN CAROLYN WAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515-0005

Account Summary

		Amount
MONEY ACCOUNTS		$0.00
CASH		$0.00
PRICED INVESTMENTS		$12,864.00
PRICED PORTFOLIO - AS OF	10/29/99	$12,864.00
- AS OF	09/24/99	$11,824.00

Income Summary

	This Statement	Year to Date
PORTFOLIO DIVIDENDS/INTEREST	$0.00	$0.00
MONEY ACCOUNT INCOME	$0.00	$0.00
TOTAL	$0.00	$0.00

Retirement Plan Activity

Description		Tax Year 1998	Tax Year 1999
CONTRIBUTIONS :	ROLLOVER DEPOSITS	$24.55	$0.00

INVEST FOR COLLEGE AND RECEIVE SPECIAL TAX AND ESTATE PLANNING BENEFITS AT THE SAME TIME. ASK YOUR FC ABOUT A 529 PLAN.

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Account Type	Taxpayer	Page	Statement Period
FAO MLPF& S CUST FPO ROBERT N CLEMENT IRA		2 OF 2	09/25/99 TO 10/29/99

Current Portfolio

	Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Market Value	Estimated Current Yield %	Estimated Annual Income	Estimated Accrued Interest
MUTUAL FUNDS & UNIT INVEST TRUSTS								
	ML PACIFIC FUND CL B		530.7340	24.240	$12,864			
	EATON VNCE PRM R RSV			9.990	$0			
	.0020 FRACTIONAL QUANTITY							
	SUBTOTAL				$12,864			
	TOTALS FOR PRICED INVESTMENTS				$12,864.00			

MONEY ACCOUNT POSITIONS	Description	Opening Balance As of 09/25	Dividends/Interest This Statement	Closing Balance As of 10/29	Current Yield %	Dividends/Interest Year to Date
	Priced Portfolio					
Year-End Plan Value as of 12/31/98:		*$45,957.75*		$12,864.00		

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END OF IRA STATEMENT

October 1999

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please, mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms. Merrill Lynch, Pierce, Fenner & Smith Inc. Member Securities Investor Protection Corporation (SIPC)

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Merrill Lynch

MERRILL LYNCH RETIREMENT ACCOUNT

TOTAL ACCOUNT VALUE AS OF 11/26/1999 $14,552.00
** Duplicate copy **

FAO MLPF& S CUST FPO
ROBERT N CLEMENT IRA
FBO ROBERT N CLEMENT
ATTN CAROLYN WAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5600

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-LINK

Monthly Portfolio Summary

Asset	10/29/99 Value	%	11/26/99 Value	%
Cash/Money Funds				
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities				
Mutual Funds			14,552	100
Options				
Other				
Long Market Value			14,552	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value			14,552	

Income Summary

	This Statement	Year-to-Date
Fund Dividends		
Interest Income		
Dividend Income		
Total		

Items for Attention

Security	Message	Date
	No Items For Attention	

NEWS

Coming in December: The New Collective Wisdom Portfolios. For info, call your FC or (800) MERRILL, Ext. 4576. Merrill Lynch systems are Y2K-ready. During the year-end 12/31 - 1/2 weekend, please remember that regular end-of-year processing causes normal delays in the availability of account information posted on Merrill Lynch OnLine and all client service phone lines.

Financial Market Indicators

	This Statement	Last Statement	Previous Year-End
Dow Jones Industrial Average	10988.91	10731.76	9181.43
Three-Month Treasury Bills	5.28%	5.08%	4.45%
Long-Term Treasury Bonds	6.23%	6.16%	5.09%

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Merrill Lynch

MERRILL LYNCH RETIREMENT ACCOUNT

FBO ROBERT N CLEMENT

** Duplicate copy **

Cash Flow Summary

Activity Summary	This Statement	Year-to-Date	Credits	This Statement	Year-to-Date	Debits	This Statement	Year-to-Date
Opening Balance Cash & Money Funds			Sales			Purchases		
			Income			Withdrawals		
			Funds Received			Other		
Net Credits & Debits			Other					
Closing Balance Cash & Money Funds								
			Total Credits			Total Debits		

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Current Yield %
	Mutual Funds and Defined Asset Funds										
Mutual Funds - Equity											
530	ML PACIFIC FUND CL B			01/15/98	16.15	8,563	27.42	14,532	5,968		
	(.7340 FRACTIONAL SHARE)			N/A	N/A	N/A	27.42	20	N/A		
	Total Client Investment			$8,296							
	Investment Return			$6,236							

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Merrill Lynch

MERRILL LYNCH RETIREMENT ACCOUNT

FBO ROBERT N CLEMENT

** Duplicate copy **

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Current Yield %
	Total Mutual Funds - Equity					8,563		14,552	5,968		
Mutual Funds - Fixed Income											
	EATON VNCE PRM R RSV (.0020 FRACTIONAL SHARE)			N/A	N/A	N/A	9.92		N/A		7.02
	Total Client Investment										
	Investment Return										
	Total Mutual Funds - Fixed Income										
	Total Mutual Funds					8,563		14,552	5,968		
	Total of Long Portfolio					8,563*		14,552*	5,968 *		

DATE ACQUIRED: Date of your initial investment in this fund.
UNIT COST BASIS: Average cost basis for all shares owned
UNREALIZED GAIN or (LOSS): Total market value minus total cost basis

TOTAL CLIENT INVESTMENT: Cost of shares directly purchased (excluding shares purchased through reinvestment)
INVESTMENT RETURN: Value of reinvested shares plus capital appreciation(depreciation) of all shares purchased, including through reinvestment.

* - Excludes N/A items

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Merrill Lynch

MERRILL LYNCH RETIREMENT ACCOUNT

FBO ROBERT H CLEMENT

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Retirement Account Plan Summary

Account Type: IRA	Plan Number: 7700700	Social Security Number	408-68-5365
Year-End Plan Value as of December 31, 1998	$45,957.75	Tax Identification Number	00-0000000
Contributions after December 30, 1998 for 1998	$.00	Date of Birth	09/23/43

	Tax Year 1999	Tax Year 1998
Contributions:		
Rollovar Deposits	$.00	$24.55

PLEASE SEE REVERSE SIDE

Statement Period 10/30/99 TO 11/26/99

Account No.

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Merrill Lynch

MERRILL LYNCH RETIREMENT ACCOUNT

FBO ROBERT N CLEMENT

** Duplicate copy **

greement Regarding Your Securities Account and Other Important Information
ou, the Client, and we, Merrill Lynch, Pierce, Fenner & Smith Inc., agree as follows:
1) We will direct your order for a multi-listed security or option to the market place we consider
) be the primary market for that security, unless you give us specific instructions to direct
e order elsewhere.
) We will hold bonds and preferred stocks in bulk segregation (except for those held in custodian
ccounts). In the event of a call for less than an entire issue or series of those securities,
e securities to be called will be automatically selected on a random basis from those held in bulk.
he probability that your holdings will be selected is proportional to the amount of your holdings
elative to those of other customers.
) If you have any obligations to us we can, subject to applicable rules and regulations of
egulatory bodies, without notifying you, take any of the following actions with any or all securities
your account, including securities you may acquire or deposit to secure your account.
We can pledge, repledge, hypothecate, or rehypothecate the securities. They may be commingled
with securities carried for the accounts of other customers.
We can lend the securities.
We can deliver the securities on contracts for other customers even if we do not have in our
possession and control a like amount of similar securities for delivery.
e can take any of these actions until you have discharged all your obligations to us. The amount
volved in these actions may be more or less than the amount you owe us.
) We are not responsible for the loss or destruction of securities that are placed in the custody of a
oreign bank or broker or other custodian, and are lost or destroyed as a result of war,
ivil commotion, enemy action, government acts or any other causes beyond the control of the
epository or us.
) This statement of account shall be deemed conclusive if not objected to within ten (10) days.
) We can transfer your account to anyone by assignment, merger, consolidation or otherwise, unless
ou give us written notice to the contrary at the time. This agreement will inure to the benefit of
nyone to whom we transfer the accounts. Nothing contained in this paragraph shall affect your
ght to transfer your account under NYSE Rule 412.

surance
We are a member of the Securities Investor Protection Corporation (SIPC). The securities held in
our account are covered by SIPC protection and excess-SIPC protection obtained by Merrill Lynch.
or details, refer to the Program Description for your account, if applicable, or speak with your
inancial Consultant. We are not a bank, and the securities offered by us, unless otherwise indicated,
re not backed or guaranteed by any bank nor are they insured by the FDIC.

ther Important Information
1) Depository institutions participating in the ISA program and Merrill Lynch Bank USA in
e CMA 2.0 program pay us a fee up to 2% per annum of the average daily depository account
alances in each program respectively.
) You will have the right to vote full shares, and we will solicit instructions concerning the
oting of full shares held in your account. If such instructions are not received by us on a timely
asis, the voting shares in your account will be governed by the rules and policies of the New York
tock Exchange and the Securities and Exchange Commission then in effect.

Other Important Information (Continued)
(3) This statement serves as a confirmation of purchases that result from automatic reinvestment transactions, as well as your AIPE transactions, during the statement period.
(4) Insurance policy information is based on data from the insurer that issued the policy. Merrill Lynch is not responsible for the calculation of policy values. Policies are generally not held in your Merrill Lynch account. If Merrill Lynch as custodian or trustee holds a policy that is a security, SIPC protection and excess SIPC protection applies.
(5) As an option customer, please advise your Financial Consultant promptly of any material change in your investment objectives or financial condition. Individual options commission charges have been included in your confirmation; however, a summary of this information will be made available to you upon request.
(6) Our financial statement is available for your personal inspection at our office, or a copy of it will be mailed upon your written request.

Special Note: If your records differ from this information, please notify your Financial Consultant in writing with a copy of the statement noting the discrepancy and, if appropriate, any necessary adjustments will be made.

WCMA Loan Account Activity
Reports important information from Merrill Lynch Business Financial Services Inc. (MLBFS,Inc.) through which the WCMA Line of Credit is made available. Includes information on your Line of Credit, Loan Balance, Loan Subject to Interest, and Loan Interest Charged. Interest charges accrue daily during the statement period with each day being deemed to constitute 1/360 of a year. Refer to the WCMA Agreement and documents required by MLBFS for details.

Managed Trust Units
Information for RCMA for Business Retirement Plan clients on units of the Merrill Lynch GIC Managed Trust is reported from information supplied by the Merrill Lynch Trust Company or its agent. Neither the Trust nor its units are held in your Merrill Lynch, Pierce, Fenner & Smith Inc. account and therefore, are not subject to SIPC protection. An annual report will be furnished separately.

Symbols and Abbreviations

D	Interest reported to IRS by Merrill Lynch as required by law.
*	Gross Proceeds reported to the IRS by Merrill Lynch as required by law.
*	Dividends reported to the IRS by Merrill Lynch as required by law.
**	Merrill Lynch maintains a fundamental opinion on this company.
;	Transactions reported to IRS.
#	Transaction you requested required same-day payment - MLPF&S retained last day's dividend to offset cost of advancing payment on your behalf.
A	This transaction was effected through a specialist which is our affiliate. In connection with its market making activity, such specialist may have a long or short position in this stock or in options on this stock and may be on the other side of public orders executed on the exchange. Such specialists may have profited or lost in connection with this transaction.
N/A	Value and/or cost data not available.
N/C	Not calculated.
N/N	Non-negotiable securities.
N/N N/O	Non-negotiable securities held registered in your name.
N/O	Held registered in your name.
NOCC	Options Clearing Corporation.
N/O CUST	Non-negotiable Custodian Registration.
NPC	Interests in assets not registered in the name of nor held by us or our nominees and held by you or registered in your name with the issuer or its agent. Merrill Lynch, Pierce, Fenner & Smith Inc. does not control or act as custodian for these investments.
RD	Bonds are changeable from coupon to registered and vice versa without charge.
RG	Bonds registered for both principal and interest.

Merrill Lynch, Pierce, Fenner & Smith Inc.
World Financial Center
North Tower
New York, N.Y. 10281-1332
Member, Securities Investor Protection Corporation (SIPC)

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Schedule 1

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Merrill Lynch

MERRILL LYNCH RETIREMENT ACCOUNT

TOTAL ACCOUNT VALUE AS OF 12/31/1999 $16,516.00

** Duplicate copy **

FAO MLPF& S CUST FPO
ROBERT N CLEMENT IRA
FBO ROBERT N CLEMENT
ATTN CAROLYN WAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515

YOUR FINANCIAL CONSULTANT:
GARY D BAKER
FC# 3517
(615) 747-5600

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-LINK

Monthly Portfolio Summary

Asset	11/26/89 Value	%	12/31/99 Value	%
Cash/Money Funds				
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities				
Mutual Funds	14,552	100	16,516	100
Options				
Other				
Long Market Value	14,552		16,516	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value	14,552		16,516	

Income Summary

	This Statement	Year-to-Date
Fund Dividends		
Interest Income		
Dividend Income		
Total		

Items for Attention

Security	Message	Date
	No Items For Attention	

NEWS

The 2000 Collective Wisdom Portfolios. Merrill Lynch's global research team has introduced the U.S. and International Collective Wisdom Portfolios, comprised of their top stock ideas for the year ahead. For more information and to get our 20 pg. report contact your Financial Consultant, log on to MLOL or call 1-800-Merrill ext. 4576.

Financial Market Indicators

	This Statement	Last Statement	Previous Year-End
Dow Jones Industrial Average	11497.12	10877.81	9181.43
Three-Month Treasury Bills	5.31%	5.29%	4.45%
Long-Term Treasury Bonds	6.47%	6.28%	5.09%

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Statement Period 11/27/99 TO 12/31/99

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Schedule 1
Page 25-B

Merrill Lynch

MERRILL LYNCH RETIREMENT ACCOUNT

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Cash Flow Summary

Activity Summary	This Statement	Year-to-Date	Credits	This Statement	Year-to-Date	Debits	This Statement	Year-to-Date
Opening Balance Cash & Money Funds			Sales			Purchases		
			Income			Withdrawals		
			Funds Received			Other		
Net Credits & Debits			Other					
Closing Balance Cash & Money Funds			Total Credits			Total Debits		

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Current Yield %
	Mutual Funds and Defined Asset Funds										
Mutual Funds - Equity											
530	ML PACIFIC FUND CL B			01/15/98	16.15	8,563	31.12	16,493	7,929		
	(.7340 FRACTIONAL SHARE)			N/A	N/A	N/A	31.12	22	N/A		
	Total Client Investment			$8,296							
	Investment Return			$8,197							

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 CODE # 6000 REV 9/98 Statement Period 11/27/99 TO 12/31/99 Account 815010

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Merrill Lynch

MERRILL LYNCH RETIREMENT ACCOUNT

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Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Curren Yield %
	Total Mutual Funds - Equity					8,563		16,516	7,929		
Mutual Funds - Fixed Income											
	EATON VNCE PRM R RSV (.0020 FRACTIONAL SHARE)			N/A	N/A	N/A	9.90		N/A		7.02
	Total Client Investment										
	Investment Return										
	Total Mutual Funds - Fixed Income										
	Total Mutual Funds					8,563		16,516	7,929		
	Total of Long Portfolio					8,563*		16,516*	7,929 *		

DATE ACQUIRED: Date of your initial investment in this fund.
UNIT COST BASIS: Average cost basis for all shares owned
UNREALIZED GAIN or (LOSS): Total market value minus total cost basis

TOTAL CLIENT INVESTMENT: Cost of shares directly purchased (excluding shares purchased through reinvestment)
INVESTMENT RETURN: Value of reinvested shares plus capital appreciation(depreciation) of all shares purchased, including through reinvestment.

* - Excludes N/A items

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Merrill Lynch

MERRILL LYNCH RETIREMENT ACCOUNT

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Page 26-B

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Retirement Account Plan Summary

Account Type: IRA	Plan Number: 7700700	Social Security Number	408-68-5365
Year-End Plan Value as of December 31, 1999	$16,516.00	Tax Identification Number	00-0000000
Contributions after December 30, 1998 for 1998	$.00	Date of Birth	09/23/43

Contributions:	Tax Year 1999	Tax Year 1998
Rollover Deposits	$.00	$24.55

In calculating mandatory distributions, or for the purpose of completing IRS Form 8606, you must use the value of your account as of 12/31/99. This value should include your Priced Portfolio total and the value of certain limited partnerships and other direct investments as well as any securities that we are unable to price - marked "Unavailable". The "Year-End Plan Value" shown consists of your Priced Portfolio total plus the estimated value of limited partnerships or other direct investments reported on your year-end statement.

For IRA, IRRA and SEP/IRA accounts, the Year-End Plan Value represents the valuation we must furnish to you and the Internal Revenue Service as part of the IRS Form 5498 reporting requirements.

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Merrill Lynch

MERRILL LYNCH RETIREMENT ACCOUNT

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Agreement Regarding Your Securities Account and Other Important Information
You, the Client, and we, Merrill Lynch, Pierce, Fenner & Smith Inc., agree as follows:
(1) We will direct your order for a multi-listed security or option to the market place we consider to be the primary market for that security, unless you give us specific instructions to direct the order elsewhere.
(2) We will hold bonds and preferred stocks in bulk segregation (except for those held in custodian accounts). In the event of a call for less than an entire issue or series of those securities, the securities to be called will be automatically selected on a random basis from those held in bulk. The probability that your holdings will be selected is proportional to the amount of your holdings relative to those of other customers.
(3) If you have any obligations to us we can, subject to applicable rules and regulations of regulatory bodies, without notifying you, take any of the following actions with any or all securities in your account, including securities you may acquire or deposit to secure your account.
* We can pledge, repledge, hypothecate, or rehypothecate the securities. They may be commingled with securities carried for the accounts of other customers.
* We can lend the securities.
* We can deliver the securities on contracts for other customers even if we do not have in our possession and control a like amount of similar securities for delivery.

We can take any of these actions until you have discharged all your obligations to us. The amount involved in these actions may be more or less than the amount you owe us.
(4) We are not responsible for the loss or destruction of securities that are placed in the custody of a foreign bank or broker or other custodian, and are lost or destroyed as a result of war, civil commotion, enemy action, government acts or any other causes beyond the control of the depository or us.
(5) This statement of account shall be deemed conclusive if not objected to within ten (10) days.
(6) We can transfer your account to anyone by assignment, merger, consolidation or otherwise, unless you give us written notice to the contrary at the time. This agreement will inure to the benefit of anyone to whom we transfer the account. Nothing contained in this paragraph shall affect your right to transfer your account under NYSE Rule 412.

Insurance
We are a member of the Securities Investor Protection Corporation (SIPC). The securities held in your account are covered by SIPC protection and excess-SIPC protection obtained by Merrill Lynch. For details, refer to the Program Description for your account, if applicable, or speak with your Financial Consultant. We are not a bank, and the securities offered by us, unless otherwise indicated, are not backed or guaranteed by any bank nor are they insured by the FDIC.

Other Important Information
(1) Depository institutions participating in the ISA program and Merrill Lynch Bank USA in the CMA 2.0 program pay us a fee up to 2% per annum of the average daily depository account balances in each program respectively.
(2) You will have the right to vote full shares, and we will solicit instructions concerning the voting of full shares held in your account. If such instructions are not received by us on a timely basis, the voting shares in your account will be governed by the rules and policies of the New York Stock Exchange and the Securities and Exchange Commission then in effect.

Other Important Information (Continued)
(3) This statement serves as a confirmation of purchases that result from automatic reinvestment transactions, as well as your AIPS transactions, during the statement period.
(4) Insurance policy information is based on data from the insurer that issued the policy. Merrill Lynch is not responsible for the calculation of policy values. Policies are generally not held in your Merrill Lynch account. If Merrill Lynch as custodian or trustee holds a policy that is a security, SIPC protection and excess SIPC protection applies.
(5) As an option customer, please advise your Financial Consultant promptly of any material change in your investment objectives or financial condition. Individual options commission charges have been included in your confirmation; however, a summary of this information will be made available to you upon request.
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*	Dividends reported to the IRS by Merrill Lynch as required by law.
**	Merrill Lynch maintains a fundamental opinion on this company.
:	Transactions reported to IRS.
#	Transaction you requested required same-day payment - MLPF&S retained last day's dividend to offset cost of advancing payment on your behalf.
A	This transaction was effected through a specialist which is our affiliate. In connection with its market making activity, such specialist may have a long or short position in this stock or in options on this stock and may be on the other side of public orders executed on the exchange. Such specialist may have profited or lost in connection with this transaction.
N/A	Value and/or cost data not available.
N/C	Not calculated.
N/N	Non-negotiable securities.
N/N N/O	Non-negotiable securities held registered in your name.
N/O	Held registered in your name.
NOCC	Options Clearing Corporation.
N/O CUST	Non-negotiable Custodian Registration.
NPC	Interests in assets not registered in the name of nor held by us or our nominees and held by you or registered in your name with the issuer or its agent. Merrill Lynch, Pierce, Fenner & Smith Inc. does not control or act as custodian for these investments.
RD	Bonds are changeable from coupon to registered and vice versa without charge.
RG	Bonds registered for both principal and interest.

Merrill Lynch, Pierce, Penner & Smith Inc.
World Financial Center
North Tower
New York, N.Y. 10281-1332
Member, Securities Investor Protection Corporation (SIPC)

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UNITED STATES HOUSE OF REPRESENTATIVES

Form A
For use by Members, officers, and employees

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

James E. Clyburn
(Full Name)

1703 Gervais Street
(Mailing Address)

Daytime Telephone: 803-799-1100

Columbia SC 29201

Filer Status	[X] Member of the U.S. House of Representatives	State: SC District: 06	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4 104 and 18 U.S.C 1001)

SIGNATURE OF REPORTING INDIVIDUAL: James E. Clyburn

DATE (Month/Day/Year): June 21, 2000

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Name James E. Clyburn

Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Qtd. 2x6)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	South Carolina Retirement System (This income is not subject to the outside earned income limit.)	Retirement from the State of South Carolina	$53,100.00
	U.S. Dept. of Veterans Affairs	Retirement Income	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name James E. Clyburn

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$ 500
	Morris College	Speech	2/26/99	$1,500.00
	Gum Springs Baptist Church	Speech	4/11/99	$61.00
	Cedar Grove Baptist Church	Speech	5/8/99	$100.00
	Lee City NAACP	Speech	5/9/99	$100.00
	Jehovah Baptist Church	Speech	5/10/99	$200.00
	Sutton Branch Baptist Church	Speech	5/16/99	$200.00
	Morris College	Speech	5/19/99	$3,000.00
	Clarendon County Branch NAACP	Speech	6/10/99	$150.00
	Ridgeville Branch NAACP	Speech	6/12/99	$100.00
	Mount Moriah Missionary Baptist Church	Speech	6/20/99	$1,000.00
	Mill Branch A.M.E. Church	Speech	7/11/99	$200.00
	Ridgewood Baptist Church	Speech	9/26/99	$250.00
	Westminister Presbyterian Church	Speech	10/31/99	$100.00

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *directed* provide the required information on underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude:** Your personal residence(s) (unless rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
	SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	Fort Jackson Federal Credit Union	$1 - $1,000	Interest	$1 - $200	
	S.C. State Credit Union	$1 - $1,000	Interest	$1 - $200	
	Bank of America	$1,001 - $15,000	Interest	$1 - $200	
	SCANA Corporation	$1,001 - $15,000	Dividends	$1,001 - $2,500	
	Automated Data Processing, Inc.	$1,001 - $15,000	Dividends	$1 - $200	
SP	Bank of America	$15,001 - $50,000	Dividends	$201 - $1,000	

Name James E. Clyburn | Page 2 of 2

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

645-47 W. Liberty Street, Sumter, SC (50% ownership)	$50,001 - $100,000	Rent	$2,501 - $5,000	
Bank of America, Columbia, SC (IRA)	$15,001 - $50,000	IRA	None	
Merrill Lynch, Columbia, SC (IRA)	$15,001 - $50,000	IRA	None	
Wright-Patman Congressional Federal Credit Union	$1 - $1,000	Interest	$1 - $200	

Name James E. Clyburn | Page 1 of 1

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child.
amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Countrywide Funding, Van Nuys, CA	609 Santee Drive, Santee, SC	$100,001 - $250,000
	NBSC Columbia, SC	Mortgage on 645-47 W. Liberty Street, Sumter, SC (50% interest)	$50,001 - $100,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Association of American Railroads	1/9/99-1/12/99	Columbia, SC-Phoenix, AZ-Columbia, SC	Y	Y	Y	n/a
St. Joseph A.M.E. Church	1/24/99	Columbia, SC-Durham, NC-Columbia, SC	N	N	N	n/a
U.S. Dept. of Housing & Urban Development	2/18/99	Columbia, SC-Atlanta, GA-Charleston, SC	N	N	N	n/a
America's Buffalo Soldiers Re-Enactors Association	2/20/99-2/21/99	Washington, DC-Scottsdale, AZ-Columbia, SC	Y	Y	N	n/a
Aspen Institute	3/19/99-3/21/99	Columbia,SC-Harrisburg, PA-Columbia, SC	N	Y	N	n/a
University of S.C. Spartanburg	3/26/99	Washington, DC-Greenville,SC-Columbia, SC	N	N	N	n/a
Conference of Minority Transportation Officials	3/28/99-3/30/99	Columbia, SC-Miami, FL-Columbia, SC	Y	N	N	n/a
Owens Corning	4/27/99	Washington, DC-Toledo, OH-Washington, DC	N	Y	N	n/a
Palmetto Business Forum	5/10/99	Washington, DC-Columbia, SC-Washington, DC	N	N	N	n/a
Microsoft Corporation	5/16/99-5/18/99	Columbia, SC-Seattle, WA-Washington, DC	Y	N	Y	n/a

Name James E. Clyburn | Page 2 of 2

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Gary, Indiana Branch of NAACP	5/21/99-5/22/99	Washington, DC-Chicago,IL-Florence, SC	Y	Y	N	n/a
Mt. Moriah Missionary Baptist Church	6/20/99-6/21/99	Columbia, SC-Palm Bay, FL-Columbia, SC	Y	Y	Y	n/a
The Federation of Southern Cooperatives Land Assistance	6/21/99	Columbia, SC-Birmingham, AL-Columbia, SC	N	Y	N	n/a
Omega Psi Phi Fraternity	7/16/99-7/17/99	Washington,DC-Memphis, TN-Columbia,SC	Y	Y	N	n/a
Tuskegee Airmen, Inc.	8/24/99-8/26/99	Columbia, SC-Las Vegas, NV-Columbia, SC	Y	Y	N	n/a
The Catholic Relief Services	12/15/99-12/19/99	Washington, DC-Banjul, Cambia-Columbia, SC	Y	Y	N	n/a

Name James E. Clyburn | Page 1 of 1

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Board Member	Allen University
Trustee	Brookgreen Gardens
Council Member	Jaguar Advisory Council on Diversity

Name	Page 1 of 1

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

John Howard Coble
(Full Name)

5741-L Bramblegate Road
(Mailing Address)

Greensboro NC 27409

Daytime Telephone: 202.225.3065

Filer Status	[X] Member of the U.S. House of Representatives	State: NC District: 06	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[ ]	[X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II**	[X]	[ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[X]	[ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[ ]	[X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	[X]	[ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[X]	[ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS–Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	[ ]	[X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	[ ]	[X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John Howard Coble	5-10-00

Name John Howard Coble | **Page** 2 **of** 8

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$ 500
	The Kmart Family Foundation, Troy, MI	Attended anti-drug rally	9.22.99	$500.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
	SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	Food Lion Common Stock	$1,001 - $15,000	Dividends	$1 - $200	S
	Wal Mart Common Stock	$1,001 - $15,000	Dividends	$1 - $200	
	Toys R Us Common Stock	$1,001 - $15,000	Dividends	None	
	GTE Common Stock	$1,001 - $15,000	Dividends	$1 - $200	
	Lance Common Stock	$1,001 - $15,000	Dividends	$1 - $200	
	RJR Nabisco Common Stock	$1,001 - $15,000	Dividends	$1 - $200	S
	Hambrecht & Quist Group Common Stock	$1,001 - $15,000	Dividends	None	S

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	National Oil Wells Common Stock	$1.001 - $15.000	Dividends	None	S
	Aim Constellation Mutual Fund	$50.001 - $100.000	Dividends	$2.501 - $5.000	
	Davis NY Venture Mutual Fund	$15.001 - $50.000	Dividends	$201 - $1.000	
	BB&T Balanced Mutual Fund	$50.001 - $100.000	Dividends	$1.001 - $2.500	
	BB&T Growth & Income Fund	$50.001 - $100.000	Dividends	$201 - $1.000	
	BB&T Savings Bank Savings Account	$15.001 - $50.000	Interest	$1.001 - $2.500	
	Central Carolina Bank Savings Account	$1.001 - $15.000	Interest	$1 - $200	Closed Savings
	Wright Patman FCU Savings Account	$50.001 - $100.000	Interest	$2.501 - $5.000	
	First Union Bank Checking Account	$1.001 - $15.000	Interest	$1 - $200	
	First Citizens Bank Savings Account	$15.001 - $50.000	Interest	$201 - $1.000	
	Bank of America (NationsBank) Checking	$1.001 - $15.000	Interest	$1 - $200	
	Bank of North Carolina Stock Certificate	$1.001 - $15.000	Dividends	$1 - $200	
	Jefferson-Pilot Fixed Annuity	$1.001 - $15.000	Dividends	$1 - $200	
	Jefferson-Pilot Variable Annunity #1	$15.001 - $50.000	Dividends	$2.501 - $5.000	
	Jefferson-Pilot Variable Annunity #2	$15.001 - $50.000	Dividends	$5.001 - $15.000	
	Allmerica Insurance Annuity	$15.001 - $50.000	Dividends	$5.001 - $15.000	
	MassMutual Insurance Annuity #1	$15.001 - $50.000	Dividends	$5.001 - $15.000	
	MassMutual Insurance Annuity #2	$1.001 - $15.000	Dividends	$201 - $1.000	
	General American Insurance Annuity	$1.001 - $15.000	Dividends	$201 - $1.000	S

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	American General Insurance Anuity	$1.001 - $15.000	Dividends	$201 - $1.000	S
	Phoenix Home Life Insurance Annuity	$15.001 - $50.000	Dividends	$2.501 - $5.000	P
	State Employees Credit Union Savings Acct.	$1.001 - $15.000	Interest	$201 - $1.000	
	Merrill Lynch Cash Management Account	$100.001 - $250.000	Interest	$201 - $1.000	
	Merrill Lynch IRA	$15.001 - $50.000	Dividends	$201 - $1.000	
	House and one acre, Blowing Rock, NC	$50.001 - $100.000	NA	None	
	78 acre farm, Henry County, VA	$50.001 - $100.000	NA	None	
	Lexington Bank Certificate of Deposit	$15.001 - $50.000	Interest	$1 - $200	
	Cienna Corporation Common Stock	$1.001 - $15.000	Dividends	None	P

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependant child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	National Oil Wells Stock	Sold	6.17.99	$1.001 - $15.000
	Cienna Corporation Common Stock	Purchase	7.26.99	$1.001 - $15.000
	Food Lion Common Stock	Sold	4.16.99	$1.001 - $15.000
	RJR Nabisco Common Stock	Sold	4.16.99	$1.001 - $15.000
	Hambrecht & Quist Common Stock	Sold	9.30.99	$1.001 - $15.000
	General American Life Insurance Annuity	Sold	10.8.99	$1.001 - $15.000
	American General Life Insurance Annuity	Sold	10.11.99	$1.001 - $15.000
	Phoenix Home Life Insurance Annuity	Purchase	10.11.99	$15.001 - $50.000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
American Intellectual Property Law Association	July 15-20, 1999	Washington,DC-The Netherlands -Washington,DC	Y	Y	N	None
Ripon Educational Fund	Aug. 14-21,1999	Washington, DC- Stockholm, Sweden - Washington, DC	Y	Y	N	None

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Member, Board of Visitors	Guilford College, Greensboro, NC
Member, Board of Associates	Greensboro College, Greensboro, NC
Member, Congressional Advisory Board	Congressional Youth Leadership, Washington, DC
Member, National Advisory Board	Jefferson Educational Foundation, Washington, DC
Member, Congressional Board of Advisors	Common Sense, Inc., Stafford, VA
Honorary Chairman	Jefferson Islands Club, Washington, DC
Member, Congressional Advisory Board	India Abroad Center for Political Awareness, Washington, DC
Member, Congressional Board of Advisors	Close Up Foundation, Washington, DC
Member, Steering Committee	The Faith & Politics Institute, Washington, DC

COMMITTEES
TRANSPORTATION AND INFRASTRUCTURE
JUDICIARY
CHAIRMAN
SUBCOMMITTEE ON COURTS AND INTELLECTUAL PROPERTY
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Congress of the United States
House of Representatives
Washington, DC 20515–3306

HOWARD COBLE
SIXTH DISTRICT
NORTH CAROLINA

2468 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–3306
PHONE: (202) 225–3065
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e-mail: howard.coble@mail.house.gov
www.house.gov/coble/

May 26, 2000

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Mr. Jeff Trandahl
Clerk of the House
B-106 Cannon House Office Building
Washington, D.C. 20515

Dear Jeff:

Upon completion of my 1999 Financial Disclosure Statement, I realized that I had inadvertently omitted a change in one of the mutual funds that I own. This letter is to correct that oversight.

On my 1999 statement, I listed the Aim Constellation Mutual Fund as having a value of between $50,001 and $100,000. That statement is correct. The Aim Constellation Mutual Fund had a value of $58,094 at the end of 1999. On my 1997 and 1998 statements, I had listed the value of the Aim Constellation Mutual Fund as having a value of between $1,001 and $15,000. That was correct in 1997, but incorrect for 1998. In April 1998, I added an additional $25,000 to the fund. It should have been listed on my 1998 statement as having a value of between $15,001 and $50,000. The dividend information on the 1998 statement is still correct.

I apologize for this oversight. Please amend my 1998 Financial Disclosure Statement to show the new information. If you have any questions, please do not hesitate to contact my Chief of Staff Ed McDonald or me. Thank you for your attention to this matter.

Sincerely,

Howard

HOWARD COBLE
Member of Congress

HC:em

SUITE 101
241 SUNSET AVENUE
ASHEBORO, NC 27203–5658
PHONE (336) 626–3060
FAX (336) 626–4533

SUITE 100
330 SOUTH GREENE STREET
GREENSBORO, NC 27401–2659
PHONE (336) 333–5005
FAX: (336) 333–5048

SUITE 200–B
155 NORTHPOINT AVENUE
HIGH POINT, NC 27262–7723
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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Thomas A Coburn
(Full Name)

5409 Rolling Oaks Drive
(Mailing Address)
Muskogee OK 74401
Daytime Telephone: 918-687-2533

Filer Status	[X] Member of the U.S. House of Representatives	State: OK District: 02	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II** Yes [X] No [ ]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [X] No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/15/00

1213

Name Thomas A Coburn	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Muskogee Golf, Inc	Salary	$2,000.00
	Thomas A Coburn, MD, Inc	Spouse salary	$2,000.00

For payments to charity in lieu of honoraria, use Schedule II.

Name Thomas A Coburn | Page 1 of 1

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$ 500
	Tulsa Surgical Society	Habitat for Humanity	09/07/99	$500.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude:** Your personal residence(s) (unless there rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP. Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Congressional FCU	$1,001 - $15,000	Interest	$201 - $1,000	
JT	Territory National Bank	$1,001 - $15,000	Interest	$201 - $1,000	
SP	Bank of America	$1,001 - $15,000	Interest	$1,001 - $2,500	
	Note Receivable-Elza Miller # 2	$15,001 - $50,000	Interest and Capital Gains	$5,001 - $15,000	E
	Call IBM 1/00 100	None	Capital Gains	$5,001 - $15,000	P AND S
	Put GE 6/99 110	None	Capital Gains	$2,501 - $5,000	P AND S
	L M Ericsson Telephone Co	None	Capital Gains and Dividends	$1 - $200	S

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Compaq Computer Corp	None	Capital Loss and Dividends	None	S
	Dollar General Corp	None	Capital Gains and Dividends	$1.001 - $2.500	S
	Federated Investors Inc	None	Capital Loss and Dividends	None	S
	Staples Inc	None	Capital Gains and Dividends	$2.501 - $5.000	S
	99 Cents Only Stores	None	Capital Gains and Dividends	$2.501 - $5.000	S
	Putnam Capital Appreciation Fund	$15.001 - $50.000	Capital Gains and Dividends	$201 - $1.000	
	Putnam Tax Free Income Trust	$1.001 - $15.000	Dividends	$201 - $1.000	
	Edward Jones Money Market Account	$100.001 - $250.000	Dividends	$2.501 - $5.000	
	Anchor National Life Variable Annuity ***	None	Tax deferred growth	None	
	*** Growth & Income sub account	$15.001 - $50.000	Capital Gains and Dividends	$1.001 - $2.500	
	*** Sun High Yield Bond sub account	$1.001 - $15.000	Dividends	$1.001 - $2.500	
	*** AC Global Equity sub account	$15.001 - $50.000	Capital Gains and Dividends	$1.001 - $2.500	
	*** Alliance Growth sub account	$15.001 - $50.000	Capital Gains and Dividends	$1.001 - $2.500	
	*** Capital Appreciation sub account	$15.001 - $50.000	Capital Gains and Dividends	$1.001 - $2.500	
	*** Global Bond sub account	$1.001 - $15.000	Dividends	$201 - $1.000	
SP	Putnam Growth & Income Fund	$15.001 - $50.000	Capital Gains and Dividends	$2.501 - $5.000	
SP	Putnam Health Sciences Trust	$1.001 - $15.000	Capital Gains and Dividends	None	
SP	Putnam International New Opportunities Fund	$15.001 - $50.000	Capital Gains and Dividends	$1.001 - $2.500	
SP	Putnam New Opportunities Fund	$15.001 - $50.000	Capital Gains and Dividends	$1.001 - $2.500	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Putnam New Value fund	$1.001 - $15.000	Capital Gains and Dividends	$1.001 - $2.500	
SP	Putnam OTC & Emerging Growth Fund	$15.001 - $50.000	Capital Gains	$1.001 - $2.500	
SP	Putnam Voyager Fund	$15.001 - $50.000	Capital Gains and Dividends	$2.501 - $5.000	
	MFS Multimarket Trust	$1.001 - $15.000	Dividends	$201 - $1.000	
	AMR Corp	None	Capital Gains	$5.001 - $15.000	S
	Bank One Corp	None	Capital Gains and Dividends	$5.001 - $15.000	S
	Barrick Gold Corp ADR	None	Capital Loss and Dividends	None	S
	Central Costanera SA	None	Capital Loss and Dividends	$1.001 - $2.500	S
	Helmerich & Payne Inc	$1.001 - $15.000	Dividends	$1 - $200	
	Newmont Mining Corp	None	Capital Loss and Dividends	None	S
	Placer Dome Inc ADR	None	Capital Loss and Dividends	None	S
	Alliance New Europe Fund	None	Capital Gains and Dividends	$2.501 - $5.000	S
	Paine Webber Government Money fund	$100.001 - $250.000	Dividends	$2.501 - $5.000	
	Call Bank One Corp 299 50	None	Capital Gains	$1.001 - $2.500	P
	Call AMR Corp 299 65	None	Capital Gains	$1.001 - $2.500	P
	American Gold Eagles	None	Capital Gains	None	
	Evergreen Growth Fund	$15.001 - $50.000	Capital Gains	$1.001 - $2.500	Name change from Mentor Growth Fund
SP	Central Costanera SA	None	Capital Loss and Dividends	$1.001 - $2.500	S
SP	GTE Corp	None	Capital Gains and Dividends	$5.001 - $15.000	S

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

SP	Nobel Drilling Corp	$15.001 - $50.000	Dividends	None	
SP	OGE Energy Corp	None	Capital Gains and Dividends	$5.001 - $15.000	S
SP	Oneok Inc New	None	Capital Gains and Dividends	$5.001 - $15.000	S
SP	Parker Drilling Co	None	Capital Loss	None	S
SP	Veritas DCG Inc	None	Capital Loss	None	S
SP	Wash Gas Light Co	None	Capital Loss and Dividends	None	S
SP	Weatherford Intl Inc	None	Capital Gains	$201 - $1.000	S
SP	Paine Webber Government Money Fund	$250.001 - $500.000	Dividends	$5.001 - $15.000	
	Thomas A Coburn, MD, Inc	None	Management service income	$1.001 - $2.500	
	Thomas A Coburn, MD, Inc	$15.001 - $50.000	Rent	$5.001 - $15.000	
	Thomas A Coburn, MD, Inc / Muskogee Allergy Clinic Partnership	$250.001 - $500.000	Loss from medical business	None	
	Professional Building Partnership	$250.001 - $500.000	Rent and Capital Gains	$5.001 - $15.000	Sold one rent house
	Plaza Medical Center Partnership	$250.001 - $500.000	Rent	$15.001 - $50.000	
	Medical equipment	$15.001 - $50.000	Rent	$1.001 - $2.500	
	T&C Construction, Inc	$100.001 - $250.000	S-Corp Loss	None	Merged with Eagle Crest Estates, Inc
	Muskogee Golf, Inc	$250.001 - $500.000	S-Corp Loss	None	
	Eagle Crest Estates, Inc	None	Dividends	None	Merged with T&C Construction, Inc
	IRA-Edward Jones ***	None	Tax deferred growth	None	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	*** OGE Energy Corp	None	Capital Gains and Dividends	$201 - $1.000	S
	*** Oracle Corp	None	Capital Loss	None	S
	*** Wal-Mart Stores Inc	None	Capital Gains and Dividends	$1 - $200	S
	*** Van Kampen American Capital Fund	$1.001 - $15.000	Capital Gains and Dividends	$1 - $200	
	*** Protective Life annuity	$15.001 - $50.000	Capital Gains and Dividends	$201 - $1.000	
SP	IRA-Edward Jones ***	None	Tax deferred growth	None	
SP	*** OGE Energy Corp	None	Capital Gains and Dividends	$201 - $1.000	S
SP	*** Oracle Corp	None	Capital Loss	None	S
SP	*** Wal-Mart Stores Inc	None	Capital Gains and Dividends	$1 - $200	S
SP	*** Van Kampen American Capital Fund	$1.001 - $15.000	Capital Gains and Dividends	$1 - $200	
SP	*** Protective Life Annuity	$15.001 - $50.000	Capital Gains and Dividends	$201 - $1.000	
	IRA-Paine Webber-Money Fund	None	Dividends	$1 - $200	Rollover to Edward Jones
SP	IRA-Paine Webber-Money Fund	None	Dividends	$1 - $200	Rollover to Edward Jones
	Profit Sharing Plan-TAC Md, Inc ***	None	Tax deferred growth	None	
	*** Kemper Horizon 20 fund	None	Capital Gains and Dividends	$201 - $1.000	E
	*** Kemper High Return Fund	None	Capital Gains and Dividends	$1.001 - $2.500	E
	*** Kemper Small Cap Value Fund	None	Capital Gains and Dividends	$201 - $1.000	E
	***Kemper Cash Reserves	$100.001 - $250.000	Dividends	$2.501 - $5.000	E
	IRA-Edward Jones***	None	Tax Deferred growth	None	
	*** Lockheed Martin Corp	$1.001 - $15.000	Dividends	None	P

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	*** Raytheon Company	$1.001 - $15.000	Dividends	None	P
	*** Williams Cos Inc	$1.001 - $15.000	Dividends	None	P
SP	IRA-Edward Jones***	None	Tax deferred growth	None	
SP	***AT&T Corp	$1.001 - $15.000	Dividends	None	P
SP	***Dollar General Corporation	$1.001 - $15.000	Dividends	None	P
SP	***Gateway Inc	$1.001 - $15.000	Dividends	None	P
DC	Thomas A Coburn Trust for Sarah J Coburn	$250.001 - $500.000	Capital Gains and Dividends	$5.001 - $15.000	
	IRA-Edward Jones***	None	Tax deferred growth	None	
	***Compaq Computer Corp	$1.001 - $15.000	Dividends	None	P

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Note receivable-Eliza Miller #2	Exchange	03/13/99	$15.001 - $50.000
	Call IBM 1/00 100	Purchase	10/21/99	$1.001 - $15.000
	Call IBM 1/00 100	Sold	12/07/99	$15.001 - $50.000
	Put GE 6/99 110	Purchase	3/30/99	$1.001 - $15.000
	Put GE 6/99 110	Sold	4/19/99	$1.001 - $15.000
	L M Ericsson Telephoe Co	Sold	5/20/99	$1.001 - $15.000
	Compaq Computer Corp	Sold	5/20/99	$1.001 - $15.000
	Dollar General Corp	Sold	5/20/99	$1.001 - $15.000
	Federated Investors Inc	Sold	5/20/99	$1.001 - $15.000
	Staples Inc	Sold	5/20/99	$1.001 - $15.000
	99 Cents Only Stores	Sold	5/20/99	$1.001 - $15.000
	AMR Corp	Sold	5/13/99	$15.001 - $50.000
	Bank One Corp	Sold	5/13/99	$15.001 - $50.000
	Barrick Gold Corp ADR	Sold	12/16/99	$15.001 - $50.000
	Central Costanera SA	Sold	5/13/99	$1.001 - $15.000
	Newmont Mining Corp	Sold	12/16/99	$1.001 - $15.000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Placer Dome Inc	Sold	12/16/99	$1,001 - $15,000
	Alliance New Europe Fund	Sold	5/13/99	$1,001 - $15,000
SP	Central Costanera SA	Sold	5/13/99	$1,001 - $15,000
SP	GTE Corporation	Sold	5/13/99	$1,001 - $15,000
SP	OG&E Energy Corrp	Sold	5/13/99	$50,001 - $100,000
SP	Oneok Inc New	Sold	5/13/99	$15,001 - $50,000
SP	Parker Drilling Co	Sold	12/16/99	$1,001 - $15,000
SP	Parker Drilling Co	Sold	12/30/99	$1,001 - $15,000
SP	Veritas DGC Inc	Sold	12/16/99	$1,001 - $15,000
SP	Wash Gas Light Co	Sold	5/13/99	$15,001 - $50,000
SP	Weatherford Intl Inc	Sold	10/26/99	$15,001 - $50,000
	OG&E energy Corp	Sold	5/20/99	$1,001 - $15,000
	Oracle Corp	Sold	5/20/99	$1,001 - $15,000
	Wal-Mart Stores Inc	Sold	5/20/99	$15,001 - $50,000
SP	OG&E Energy Corp	Sold	5/20/99	$1,001 - $15,000
SP	Oracle Corp	Sold	5/20/99	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
SP	Wal-Mart Stores Inc	Sold	5/20/99	$15,001 - $50,000
	Lockheed Martin Corp	Purchase	12/17/99	$1,001 - $15,000
	Raytheon Company	Purchase	12/17/99	$1,001 - $15,000
	Williams Cos Inc	Purchase	12/17/99	$1,001 - $15,000
	Compaq Computer Corp	Purchase	12/17/99	$1,001 - $15,000
SP	AT&T Corp	Purchase	12/17/99	$1,001 - $15,000
SP	Dollar General Corporation	Purchase	12/17/99	$1,001 - $15,000
SP	Gateway Inc	Purchase	12/17/99	$1,001 - $15,000

Name Thomas A Coburn	Page 1 of 1

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independant of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
American Society of Cataract and Refractive Surgery	4/10/99 to 4/11/99	DC-Seattle-DC	Y	Y	N	No

Name Thomas A Coburn | Page 1 of 1

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
President	Thomas A Coburn, MD, Inc
President	T&C Construction, Inc
President	Muskogee Golf, Inc
President	Eagle Crest Estates, Inc
General Partner	Professional Building Partnership
General Partner	Plaza Medical Center Partnership
General Partner	Muskogee Allergy Clinic Partnership
Manager	Maternal & Family Practice Associates, LLC

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
11/09/94	Thomas A Coburn and associate physicians Michael R Butner, Evan D Cole and Timothy Holder	The Congressman may continue to practice on a very limited basis while at home from Washington in order to preserve his practice. His associates will care for the majority of his patients.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
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(9)

Michael Allen (Mac) Collins
(Full Name)

189 Buttrill Road
(Mailing Address)

Jackson, GA 30233

Daytime Telephone 202-225-5901

Filer Status	[X] Member of the U.S. House of Representatives — State Georgia District Third	[ ] Officer or Employee	Employing Office.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Mac Collins	5/10/2000

Name Michael A.(Mac) Collins	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Collins Trucking Co., Inc. (family owned business)	advisor	19,200.00
	Collins Industries, Inc.	spouse salary	n/a

For payments to charity in lieu of honoraria, use Schedule II.

Name Michael A.(Mac) Collins | Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
XYZ Magazine	Article	Aug. 13, 1999	$500
K Mart Kids Race Againat Drugs	drove go cart	Sept.22,1999	500.00

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Name Michael A.(Mac) Collins

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp. Stock					X								X										X								P
DC	Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
	Cong.Fed.Credit Union			X												X							X									
	Western Reserve (IRA)						N/A											N/A							N/A							
	Collins Trkg.Co.,Inc.(Sub-S)								X					X														X				
	McIntosh State Bank				X											X								X								
	Putnam Fund(Mutual Fund)				X									X										X								P
	Jackson Investment Club				X									X											X							P

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael A. (Mac) Collins

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	i None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Farm					X														FARM INCOME	X											P

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SCHEDULE IV — TRANSACTIONS

Name Michael A.(Mac) Collins

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10–12–99		X								
	Putnam Fund (Mutual Fund)	X			12-31-99	X									
	Jackson Investment Club	X			12-31-99	X									
	Farm	X			08-01-99				X						

This page may be copied if more space is required.

Name Michael A. (Mac) Collins | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Massey Ferguson Credit Corp.	farm tractor		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Consumer Electronics Manuf. Assoc.	Jan.7-10	Atl.,GA-LasVegas-Atl.GA	Y	Y	Y	N

This page may be copied if more space is required.

Name Michael A. (Mac) Collins	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Georgia Forestry Association
Advisor	Collins Trucking Co., Inc.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 [mac]

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

(Full Name) LARRY ED COMBEST

(Mailing Address) 1026 LONGWORTH HOUSE OFFICE BUILDING

WASHINGTON D.C. 20515

Daytime Telephone 202-225-4005

Filer Status	☒ Member of the U.S. House of Representatives — State: TEXAS District: 19	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☑
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☑	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☑	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Larry Combest	5-15-2000

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	BRICKFIELD, BURCHETTE, RITTS	SPOUSE SALARY	NA
	THE BULL MARKET	SPOUSE FEES CONSULTING WORK	NA
	KAISER, SCHERER, SCHALEGAR	SPOUSE FEES CONSULTING WORK	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name LARRY COMBEST

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp. Stock					X								X										X								P
SP	Simon & Schuster			Indefinite																Royalties								X				
JT	1st Bank of Paducah, KY accounts						X									X										X						
JT	FEDERATED AMERICAN LEADERS - MUTUAL FUND				X												X						X									
JT	TEMPLETON MONEY FUND FRANKLIN TEMPLETON			X												X							X									
JT	TEMPLETON DEVELOPING MARKETS - CLASS II			X										X			X					X										
JT	TEMPLETON FOREIGN FUND CLASS II				X									X			X							X								
SP	FEDERATED AMERICAN LEADERS - ERA-401				X									X			X							X								
SP	AIM VALUE FUND ERA-401			X										X			X						X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name LARRY COMBEST

Page 4 of 5

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	CNL AMERICAN PROPERTY FUND			X										X									X									
JT	WEIGHT PATTERSON FED. CREDIT UNION - SAVINGS				X											X								X								

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Name LARRY COMBEST | Page 5 of 5

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	CHICAGO BOARD OF TRADE CHICAGO MERCANTILE EXCHANGE	3/19-3/22	WASH, DC-BOCA RATON-WASH	Y	Y	Y	N
	DELTA COUNCIL	5-7	WASH, DC-CLEVELAND, MS-WASH	N	Y	Y	N
	NATIONAL COTTON COUNCIL	2/7-2/8	WASH, DC-MEMPHIS, TN-WASH	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

HAND DELIVERED
MC (9)
(Office Use Only)

Gary A. Condit
(Full Name)

920 16th Street, Ste. C
(Mailing Address)

209-527-1914
Daytime Telephone

Modesto, CA 95354

Filer Status	[X] Member of the U.S. House of Representatives — State: CA District: 18	[ ] Officer or Employee — Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [X]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Gary Condit	May 11/00

1242

Name	Gary A. Condit	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	Gary A. Condit	Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$500

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Name Gary A. Condit

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investment(s), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:*	SP	Mega Corp. Stock				X								X										X								P
			Simon & Schuster		Indefinite																Royalties								X				
			1st Bank of Paducah, KY accounts					X									X									X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Gary A. Condit

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000, 001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E

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Name Gary A. Condit

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								

This page may be copied if more space is required.

Name Gary A. Condit | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Wells Fargo Bank	Credit Line			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Plattar (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days

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Name	Gary A. Condit	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

00 MAY 15 PM 5:01
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
MC (9)
HAND DELIVERED
(Office Use Only)

Representative John Conyers, Jr.
(Full Name)
2426 Rayburn House Office Building
(Mailing Address)
WASHINGTON, DC 20515
Daytime Telephone 202-225-5126

Filer Status	☒ Member of the U.S. House of Representatives — State: MICHIGAN District: 14th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John Conyers Jr	5.15.00

Name Rep. John Conyers Jr. | Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	SPOUSE SALARY		N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name John Conyers Jr | Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of Americen Associations, Wesh., D.C.	Speech	Feb. 2, 1999	$2,000
XYZ Magazine	Article	Aug. 13, 1999	$500
N/A			

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Name John Conyers Jr

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset												Block C: Type of Income							Block D: Amount of Income											Block E: Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock					X								X										X								P
	Simon & Schuster			Indefinite																Royalties									X			
	1st Bank of Paducah, KY accounts						X									X										X						
	Congressional Credit Union			X												X								—	NA		—					
	Congressional Credit Union			X																												

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Conyers, Jr

Page 3 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E

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Name John Conyers, Jr. | Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: a $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	NA														

This page may be copied if more space is required.

Name John Conyers, JR | Page 8 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	American Security Bank (DC)	Personal	X									
	Congressional Credit Union	Personal	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NA		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Toledo Board of Community Relations	Jan. 17-18	Detroit, MI - Toledo, OH - Detroit, MI	Y	Y	N	N
	The Faith & Politics Institute	Mar. 5-7	Detroit, MI - Atlanta, GA - Montgomery, AL - Atlanta, GA - Detroit, MI	Y	Y	N	N
	Virginia Legislative Black Caucus	April 6-7	Detroit, MI - Richmond, VA - Washington, DC	Y	Y	N	N
	National Organization of Black Farmers	May 20-21	Washington, DC - New Orleans - Detroit, MI	Y	Y	N	N
	Kappa Alpha Psi Fraternity	June 12-13	Detroit, MI - Dallas, TX - Detroit, MI	Y	Y	N	N
	National Association for the Advancement of Colored People (NAACP)	July 12-13	Washington, DC - New York, NY - Washington, DC	Y	Y	N	N
	1) Amgen (Lodging Only) 2) Psychemedic Laboratories (IPS) (Air Travel)	Aug. 29-31	Detroit, MI - Los Angeles, CA - Detroit, MI	Y	Y	N	N
	Institute for Policy Studies	Nov. 11-12	Washington, DC - Atlanta, GA - Detroit, MI	Y	Y	N	N
	The Citizens' Committee to Elect Judge P. Scott Neville, Jr. to the Circuit Court	Dec. 10	Detroit, MI - Chicago, IL - Detroit, MI	N	Y	N	N
	Connecticut Democratic State Central Committee	Mar. 11	Washington, DC - Oxford, CT - Washington, DC	N	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Advisors	Fondation Aristide pour la Democratie (French) (Aristide FOUNDATION For Democracy (ENGLISH)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NA	

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 15 AM 8:51
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
INSIDE MAIL
(Office Use Only)

Merrill Alonzo Cook
(Full Name)

631 16th Avenue
(Mailing Address)

Salt Lake City UT 84103

Daytime Telephone: 202-225-3011

Filer Status	[X] Member of the U.S. House of Representatives	State: UT District: 02	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II**		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**		X
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	X	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	X	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS–Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?		X
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?		X

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Merrill A. Cook	5/10/00

1260

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Cook Associates, Inc.	Spouse Professional Service Fee	$2,000.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC JT	*Examples:* SP Mega Corp. Stock SP 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Cook Associates, Inc.	$1,000.001 - $5,000.000	Interest/Share of Corporate Income	$5,001 - $15,000	
	Zions Pershing IRA	$100,001 - $250,000	Interest	$5,001 - $15,000	
SP	Zions Pershing IRA	$15,001 - $50,000	Interest	$2,501 - $5,000	
	Zions Money Market and Checking Acct	$15,001 - $50,000	Interest	$201 - $1,000	
	Zions Pershing Alliance Money Reserves	$15,001 - $50,000	Interest	$1,001 - $2,500	Partially sold

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	Zions Pershing Alliance Money Reserve	Sold	2/5/99	$1,001 - $15,000
	Zions Pershing Alliance Money Reserve	Sold	3/1/99	$15,001 - $50,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar,2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Association of American Railroads	1/10 to 1/3/1999	SLC-Phoenix-SLC	Y	Y	Y	no
Independent Bakers Assn.	2/21 to 2/23/1999	SLC-Ft. Lauderdale-DC	Y	Y	N	no
Southern Utah WildernessAlliance	7/8 to 7/9/1999	SLC-Boulder-SLC	Y	Y	Y	no

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Owner, Consultant	Cook Associates, Inc.

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
1/99	Cook Associates, Inc. and Merrill Cook	Consulting agreement not to exceed 20,505 per year

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 18 PM 12:53
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MAY 15 2000
MC (10)
(Office Use Only)

John Charles Cooksey
(Full Name)

1310 North 19th Street
Monroe, LA 71201
(Mailing Address)

Daytime Telephone: Ron W. Stewart (318) 388-3108

Filer Status	[X] Member of the U.S. House of Representatives	State: Louisiana District: 5th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X] No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John Charles Cooksey	5/12/00

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Onterio County Board of Education	Spouse Salary	NA
John Cooksey, M. D. & Priscilla Perry, M. D. A Medical Corporation, Monroe, LA	Auto Fringe (Form W-2)	847
Hibernia Corporation, New Orleans, LA	Deferred Director's Fee	658*
Bank One Investment Mgmt Group, trustee for John Cooksey & Priscilla Perry,MD (A Medical Corporation) 401(K) Profit Sharing Plan & Trust	401(K) Plan Distribution	220,000**

* This amount represents 2% interest credited to a deferred compensation account. See Schedule IX - Agreements.

** This income is not subject to the outside earned income limit.

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of Americen Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
XYZ Magezine	Article	Aug. 13, 1999	$500
Not Applicable	N/A	N/A	N/A

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B												Block C							Block D											Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock					X								X										X								P
	Simon & Schuster			Indefinite																Royalties									X			
	1st Bank of Paducah, KY accounts						X									X										X						
	Hibernia Bank, Monroe, LA Accounts	(Not Required to Report Due to Decline in Value)																														
	Caldwell Holding Company Stock				X									X										X								
	Hibernia Corporation Class A Stock			X										X								X										
	J. Cooksey, MD & Priscilla Perry, MD, A Medical Corp.								X					X							X											
	Caldwell Broadcasting Ltd. Partners				X															Partnership								X				
	Hallwood Energy Partners, L. P.	X																		Partnership	X											S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Charles Cooksey

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Big Spenders Investment Club			X																Partnership			X									
	P & S Surgery Center, LLC					X														Partnership							X					
	1310 N. 19th St, Monroe, LA Medical Office & Equipment								X						X													X				
	Working Interest in four oil & gas wells, Franklin Parish, LA			X																Working Interest						X						
	304 Acre Farm, Caldwell Parish Including Timber, Improvements, Equipment and Livestock							X												Farm	X(Net)					X(Gross)						
	Bank One Custodian (IRA)				X									X		X	X							N/A - IRA								
SP	Bank One Custodian (IRA)				X									X		X	X							N/A - IRA								
	Bank One Trust Dept, Trustee for John Cooksey & Priscilla Parry, MD (A Medical Corporation)																															
	401(K) Profit Sharing Plan & Trust									X				X		X	X							N/A - Retirement Account								
SP	Bank One, Monroe, LA Accts			X												X						X										

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Name John Charles Cooksey

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mege Corporation Common Stock	X			10–12–99		X								
	Hallwood Energy Partners, L.P.		X		12/6/99	X									

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Name John Charles Cooksey | Page 7 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Hibernia National Bank, New Orleans, LA	Line of Credit				X						
	Hibernia National Bank, New Orleans, LA	Line of Credit			X							
	Caldwell Bank & Trust Company, Columbia, LA	Unsecured		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 28, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
Not Applicable	N/A	N/A

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Not Applicable	N/A	N/A	N/A	N/A	N/A	N/A

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director/Shareholder	J. Cooksey, MD & Priscilla Perry, MD, A Medical Corporation
City Advisory Director	Hibernia Corporation (No compensation after 1996)
Limited Partner	Caldwell Broadcasting Ltd. Partners
Limited Partner	Hallwood Energy Partners, L.P.
Courtesy Staff	Glenwood Regional Medical Center
Clinical Professor of Opthalmology	LSU School of Medicine, Shreveport and New Orleans

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
1989 to 1996	John C. Cooksey & Hibernia Corporation	"Deferred compensation plan for outside directors of Hibernia Corporation and its Subsidiaries" providing for deferral by non-employee director of annual fees for attendance at meetings of City or Advisory Boards and compensation payable to member of City or Advisory Boards who are not full-time Employees.

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Courtesy Staff	St. Francis Medical Center
Teaching & Active Staff	E. A. Conway Memorial Hospital
Courtesy Staff & Visiting Lecturer	John Hopkins

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	(See Previous Page)	

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

00 MAY -5 AM 12:30

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC

(Office Use Only)

(6)

Jerry F. Coetello
(Full Name)

Wm. B. Schaltenbrand - Accountant

2608 Pro Tour Dr.
(Mailing Address)

(618) 398-4173
Daytime Telephone

Belleville, IL 62220

Filer Status	[X] Member of the U.S. House of Representatives — State: IL District: 12	[ ] Officer or Employee — Employing Office	A *$200 penalty* shall be assessed against anyone who files more than 30 days late.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	X Jerry F. Coetello	X 5/3/00

1277

Name Jerry F. Costello	Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Belleville PS District 118	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Jerry F. Coetello

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependant child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp. Stock					X								X										X								P
Examples:	Simon & Schuster		Indefinite																	Royalties									X			
	1st Bank of Paducah, KY accounts						X									X									X							
	West Pointe Bancorp., Inc. - Stock - IRA				X									X							NA	-	IRA									
SP	West Pointe Bancorp., Inc. - Stock - IRA				X									X							NA	-	IRA									
	Putnam International - New Opportunities Fund - CL A - IRA			X										X							NA	-	IRA									
SP	Putnam International - New Opportunities Fund - CL A - IRA			X										X							NA	-	IRA									
	Inter Tel, Inc. - Stock - IRA			X										X							NA	-	IRA									
SP	Inter Tel, Inc. - Stock - IRA			X										X							NA	-	IRA									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jerry F. Costello

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	State of Illinois				X									Illinois Retirement							X											
SP	State of Illinois				X									Illinois Teacher's Retirement							X											
	Congressional Federal Credit Union			X												X						X										
JT	Union Planters Bank	X												X								X										S
JT	Inter Tel, Inc.			X										X								X										
	Rental House -																															
	121 Christine Dr.																															
	Belleville, IL 62221	X													X										X							S

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SCHEDULE IV — TRANSACTIONS

Name Jerry F. Costello

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
JT	Union Planters Bank - Stock		X		4-13-99	X									
	Rental House - 121 Christine Dr. Belleville, IL 62221		X		10-7-99		X								

This page may be copied if more space is required.

Name Jerry F. Costello | Page 6 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Weat Pointe Bank & Truat Co.	Mortgage on 121 Chriatine Dr. Belleville, IL 62221		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

JERRY F. COSTELLO
12TH DISTRICT, ILLINOIS

PLEASE RESPOND TO THE OFFICE CHECKED BELOW

HAND DELIVERED

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 22 PM 5:31
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

COMMITTEES
TRANSPORTATION & INFRASTRUCTURE
SCIENCE

Congress of the United States
House of Representatives
Washington, DC 20515–1312

May 18, 2000

Clerk of the House
Legislative Resource Center
B-106
Common Office Building
Washington, D.C. 20515

MC (2)

Re: United States House of Representatives Financial Disclosure Statement for the Calendar Year 1999

Dear Clerk:

I am enclosing three (3) copies of amended page 3 of my 1999 Financial Disclosure Statement.

The reason for the amendment is that in the original statement my accountant did not indicate the category of income in Block D.

If you have any questions, please call.

Sincerely,

Jerry F. Costello
Member of Congress

☐ 2454 Rayburn Building
Washington, DC 20515
Tel: (202) 225-5661
Fax: (202) 225-0285

☐ 327 W. Main St
Belleville, IL 62220
Tel: (618) 233-8026
Fax: (618) 233-8765

☐ 1363 Niedringhaus Ave.
Granite City, IL 62040
Tel: (618) 451-7065
Fax: (618) 451-2128

☐ 250 W. Cherry St.
Carbondale, IL 62901
Tel: (618) 529-3791
Fax: (618) 549-3768

☐ 8787 State St.
East St. Louis, IL 62203
Tel: (618) 397-8833

☐ 1330 Swanwick St
Chester, IL 62233
Tel: (618) 826-3043

AMENDED

HAND DELIVERED

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Jerry F. Costello

LEGISLATIVE RESOURCE CENTER
00 MAY 22 PM 5:31
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify; For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock					X								X										X								P
	Simon & Schuster		Indefinite																	Royalties									X			
	1st Bank of Paducah, KY accounts						X									X									X							
	West Pointe Bancorp., Inc. - Stock - IRA				X									X									X									
SP	West Pointe Bancorp., Inc. - Stock - IRA				X									X									X									
	Putnam International - New Opportunities Fund - CL A - IRA			X										X								X										
SP	Putnam International - New Opportunities Fund - CL A - IRA			X										X								X										
	Inter Tel, Inc. - Stock - IRA			X										X								X										
SP	Inter Tel, Inc. - Stock - IRA			X										X								X										

For additional assets and unearned income, use next page.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 25 PM 3:38
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

HAND DELIVERED
MC
(Office Use Only)

Chr'stopher Cox
(Full Name)

2402 Rayburn House Office Building
(Mailing Address)

Washington D.C.

Daytime Telephone 202-225-5611

Filer Status	[X] Member of the U.S. House of Representatives — State: CA District: 47	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (*Month, Day, Year*)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Chris Cox	5-25-00

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Name	Christopher Cox	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Continental Airlines	Spouse Compensation	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page 3 of 9
Christopher Cox	

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1999	$500
None			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock					X								X										X								P
	Simon & Schuster			Indefinite																Royalties									X			
	1st Bank of Paducah, KY accounts						X									X										X						
SP	IRA: Fidelity Magellan Fund				X									X			X									X						
SP	IRA: Smith Barney Money MKT				X									X			X							X								
JT	Smith Barney CA Municipal Fund								X					X												X						
SP	Continental Airlines Retirement						X							X			X										X					
SP	Calvert Tax-Free Reserves Money MKT							X						X												X						
SP	MFS Int-Income Fund			X										X							X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Christppher Cox

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	American Eagle Coins			X																	X											
	AZ Trans Bd Rev Bonds '02				X																X											
	Bradenton FL Utility Bonds '01				X																X											
	Coca Cola Co. Common Stock			X										X								X										

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Name Christopher Cox

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
SP	GA Muni Elec/ B '99		X		1-4-99		X								

This page may be copied if more space is required.

Name Christopher Cox | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	None											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Hershey Bipartisan Retreat (Aspen Institute)	March 19-21 1999	D.C.- Hershey, PA- D.C.	Y	Y	Y (-Spouse, D.C)	N
	American Enterprise World Forum	June 25-27 1999	Beaver Creek, CO	Y	Y	N	N
	PC Computing Magazine 1999 COMDEX Fall Trade Show	November 14-15 1999	Las Vegas, NV	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Chapman University
Advisory Board	UC -Irvine Brain Imaging Center
Advisory Council	Laguna Cabyon Foundation
National Advisory Board	Childhelp USA
Advisory Board	Orange County, YMCA
Advisory Board	Orange Coast Association
Advisory Board	Center for Security Policy
Advisory Board	Serving People in Need
Advisory Board	Orange County Outdoor Science Foundation

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 15 PM 2:31
OFFICE OF THE CLERK

(8)

HAND DELIVERED

MC
(Office Use Only)

William J. Coyne
(Full Name)

2455 Rayburn HOB
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone: 202-225-2301

Filer Status	[XX] Member of the U.S. House of Representatives	State: PA District: 14th	[ ] Officer or Employee	Employing Office:
Report Type	[XX] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependant child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (*Month, Day, Year*)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	William J. Coyne	5/15/00

Name	Page 2 of 8
William J. Coyne	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule II.

Name	William J. Coyne	Page 3 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$500
	NONE			

This page may be copied if more space is required.

Name William J. Coyne

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

Block A		Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: Transaction
SP, DC, JT	Examples: SP Mega Corp Stock					X								X										X								P
	Examples: Simon & Schuster			Indefinite																Royalties									X			
	Examples: 1st Bank of Paducah, KY accounts						X									X									X							
	Pittsburgh National					X										X									X							
	Wright Patman FCU							X								X										X						
	Dollar Savings Bank					X										X									X							
	U.S. Treasury Note				X											X							X									

For additional assets and unearned income, use next page.

Name William J. Coyne | Page 5 of 8

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	NONE														

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Name William J. Coyne | Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Plettar (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	National Association for Home Health Care	Oct.9-10	Pgh., PA-San Diego, CA -Pgh., PA	Y	N	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	YMCA of Pittsburgh
Board Member	Flax Trust
Board Member	Duquesne University Beard Center for Leadership in Ethics Advisory Board

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

00 MAY 15 PM 6:20
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

(6)

HAND DELIVERED
HC
(Office Use Only)

ROBERT E. CRAMER, JR.
(Full Name)

417 EUSTIS AVE.
HUNTSVILLE, AL 35801
(Mailing Address)

Daytime Telephone

Filer Status: [X] Member of the U.S. House of Representatives — State: ~~ALABAMA~~ District: 05 — [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Robert E. Cramer Jr.	MAY 15, 2000

Name ROBERT E. CRAMER, JR. Page 2 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on each *asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Mega Corp. Stock					X								X										X								P
DC, Examples:	Simon & Schuster				Indefinite															Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
	EASY ST. INVESTMENT CO. HSV, AL (1 SHARE)				X												X							X								
	AL STATE EMPLOYEES DEFERRED INCOME ACT. (NATIONWIDE FIXED ANNUITY MASSACHUSETTS FIXED ANNUITY)				X												X							X								
	1212 LOCUST AVE, HUNTSVILLE, AL						X								X									X								

For additional assets and unearned income, use next page.

1303

Name ROBERT E. CRAMER, JR. Page 3 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	SOUTHTRUST, MORTGAGE (HUNTSVILLE, AL)	MORTGAGE ON 1212 LOCUST			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Deperture—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	NAT'L CHILDREN'S ALLIANCE	JAN 20-22	WASH. D.C - RICHARDSON, TX - WASH. DC	Y	Y	N	N
	ALABAMA FARMER'S FEDERATION	JULY 16	WASH DC - HUNTSVILLE, AL - WASH. DC	N	Y	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
BOARD MEMBER (UNPAID) HONORARY BOARD MEMBER	NAT'L CENTER FOR MISSING & EXPLOITED CHILDREN, ARLINGTON, VA

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

1307

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
00 MAY 15 PM 3:36
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

(6) HAND DELIVERED
MC (Office Use Only)

Philip Miller Crane
(Full Name)

233 Cannon House Office Building
(Mailing Address)

202-225-3711
Daytime Telephone

Washington, D.C. 20515-1308

Filer Status	[X] Member of the U.S. House of Representatives — State: Illinois District: 8	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date.

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Philip M. Crane	5/15/00

Name Philip Miller Crane | Page 2 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each* asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: Transaction P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock					X								X										X								P
	Simon & Schuster		Indefinite																	Royalties								X				
	1st Bank of Paducah, KY accounts						X									X									X							
	Congressional Credit Union				X											X							X	X								
SP	First Union Bank Account							X								X									X							
	TIAA/CREF (Retirement)				X											X							X									
	American Capital IRA				X									X										X								
	Vanguard SEP-IRA							X						X												X						
	continues																X									X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Philip Miller Crane

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Coin Collection					X															X										
	New England Fund	X												X							X										
	Putnam Income Fund						X							X												X					
	Putnam Insured Fund						X							X												X					
	Nuveen Quality Fund				X									X																	
	Nuveen Municipal Fund					X								X							X										
	MFS Municipal Trust				X									X											X						
	Fountain County, IN, Farm				X															Farm Income						X					
	Bay Oaks Development Corp							X													X										
	-interest in 400 acres of																														
	development property in																														
	McHenry, IL																														
	Bay View Development Corp						X														X										
	-interest in 130 acres of																														
	development property in																														
	McHenry, IL																														
	Hartford Annuity					X														Annuity						X					
	Rental property:					X									X											X					
	-1205 Howard Avenue																														
	Nashville, TN																														

This page may be copied if more space is required.

Name Philip Miller Crane

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Norwest Mortgage Co.	1205 Howard Ave. Mortgage on:Nashville, TN			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Sweetener Users Association	Feb. 13-21	D.C.-Tuscon-Phoenix-D.C.	Y	Y	Y	5 days
	Chicago Mercantile Exchange/CBOT	Mar. 18-21	D.C.-Boca Raton-D.C.	Y	Y	Y	
	Association of American Railroads	Apr. 9-12	D.C.-West Palm Beach-D.C.	Y	Y	Y	
	Caribbean Latin American Action	Dec. 7-11	D.C.-Miami-D.C.	Y	Y	Y	1 day

This page may be copied if more space is required.

Name Philip Miller Crane	Page -6- of -6-

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Advisors	John M. Ashbrook Center for Public Affairs, Ohio
Board of Trustees	Hillsdale College, Michigan
Trustee	Intercollegiate Studies Institute, Delaware
Nat'l Steering Committee	Friends of the Milton and Rose D. Friedman Foundation, Indiana
Board of Trustees	Association of American Chambers of Commerce in Latin America, Washington, D.C.
Board of Trustees	Caribbean Latin American Action, Washington, D.C.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (misc)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 15 AM 11:03
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(9)

MC HAND DELIVERED
(Office Use Only)

Joseph Crowley
(Full Name)

76-24 Kneeland Avenue
(Mailing Address)
Elmhurst NY 11373

Daytime Telephone: 202-225-3965

Filer Status	[X] Member of the U.S. House of Representatives	State: NY District: 07	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Joseph Crowley	5/15/2000

1313

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Joseph Crowley-State of New York	Salary	$9.60
	Kasey Crowley-Lenox Hill Hospital	Salary	$30,937.92
	Kasey Crowley-Lenox Hill Hospital	Pregnancy Disability	$1,054.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$ 500
	Connell Company	Speech	12/06/99	$1,000.00
	Connell Company	Speech	12/06/99	$1,000.00
	KMART Family Foundation	Paticipant in event to keep kids off drugs	09/22/99	$500.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description iin this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP	Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
SP	IRA	$15.001 - $50.000	IRA	NA	NA
SP	403B, Equitable	$15.001 - $50.000	Dividends	None	NA
	4 Farley Drive, Renselear, New York Rental Property, Albany, NY	$15.001 - $50.000	Rent	$2.501 - $5.000	NA

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example:	Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
SP	Reliastar Life Insurance Policy	Sold	07/06/99	$1,001 - $15,000

Name Joseph Crowley | Page 6 of 7

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
JT	EAB Bank	Home Equity Loan	$15,001 - $50,000
	Chase Manhattan Bank	Mortagage on 4 Farley Drive, Rensalear, New York	$15,001 - $50,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Jewish Community Relations Council of New York	02/14/99-02/21/99	New York-Israel-New York	Y	Y	Y	0
Aspen Institute Bi-Partisan Congressional Retreat	03/19/99-03/21/99	Washington, DC-Hershey, Pennsylvania	Y	Y	Y	0
National Italian American Foundation	03/30/99-04/05/99	New York-Italy-New York	Y	Y	Y	0
International Longshoremens Association	07/12/99	New York-Orlando, Florida-Washington, DC	N	N	N	0

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(6)

HAND DELIVERED
(Office Use Only)

Barbara Cubin (Full Name)
1600 N. Oak #1805 (Mailing Address)
Arlington, VA 22209
202-225-2311 Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State District WY AL	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

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TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Barbara Cubin	5-12-2000

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Fred W. Cubin, M.D	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Barbara Cubin

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

			Block A: Asset and/or Income Source	Block B: Value of Asset											Block C: Type of Income								Block D: Amount of Income											Block E: Transaction
				A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples:	SP	Mega Corp. Stock					X								X										X									P
			Simon & Schuster		Indefinite																	Royalties									X			
			1st Bank of Paducah, KY accounts						X									X										X						
IRA	Smith Barney Money Fund				X													X						X										
"	Glaxo					X										X								X										
"	Inv Co. of America					X										X									X									
"	Legacy Annuity						X									X			X						X									
"	SB Total Return Fund			X												X			X					X										S
"	USX Marathon				X														X				X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Barbara Cubin

Page 4 of 6

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
IRA	Identix			X													X				X											
"	Cascade International	X												X							X											S
"	Income Fund of Amer.		X											X									X									
	Halliburton			X										X								X										
	Monsanto	X												X								X										S
	Pfizer			X										X								X										
	Merck & Co.			X										X								X										P
	Casper Mtn Land					X															X											
	Garfield Peak Land						X														X											
	State ST Mutual Fund				X									X									X									
	NW Bank Sving Acct				X											X							X									
	Thrift savings Plan					X								X							X											
	U.S. House Credit Union			X												X						X										

This page may be copied if more space is required.

Name Barbara Cubin | Page 5 of 6

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	SB Total Return Fund		X		6-15-99	X									
	Cascade Int.		X		6-15-99	X									
	Monsanto		X		6-15-99	X									
	Merck & Co.	X			6-15-99	X									

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Creighton University	May 14-16	Wash DC-Omaha-Wash DC	Y	Y	N	N
	CATO Institute	July 16-18	Wash DC-St. Helena-CA-Wash DC	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Elijah E. Cummings
(Full Name)

2014 Madison Avenue
(Mailing Address)

Baltimore MD 21217

Daytime Telephone: (410) 367-1900

Filer Status	[X] Member of the U.S. House of Representatives	State: MD District: 07	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5-15-2000

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Baltimore County, MD, Schools	Spouse Salary	$63,366.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$ 500
	University of S. Carolina Black Law Students' Association	Speech	2/27/1999	$500.00
	Baltimore Hebrew Congregation	Speech	3/??/1999	$75.00
	National Forum for Black Public Administrators	Speech	3/29/1999	$2,000.00
	Black Methodists for Church Renewal	Speech	4/??/1999	$500.00
	National Association of Black Public Accountants	Speech	4/9/1999	$750.00
	All Saints Men's Club	Speech	4/10/1999	$75.00
	Bishop Monroe Saunders / Center for Creative Learning	Speech	4/17/1999	$100.00
	Milford Mill Academy	Speech	6/??/1999	$200.00
	Delta Sigma Theta Sorority	Speech	6/26/1999	$700.00
	Ryder Student Transportation Services (Conference of Minority Transportation Officials)	Speech	7/9/1999	$2,000.00
	Lochearn Presbyterian Church	Speech	10/17/1999	$150.00
	Howard University	Speech	11/7/1999	$150.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A Asset and/or Income Source	BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	Examples: SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	2014 Madison Avenue, Baltimore, MD	$50,001 - $100,000	Rent	$2,501 - $5,000	
JT	5809 Leithwalk, Baltimore, MD	$50,001 - $100,000	N/A	None	
	2225 St. Paul Street, Baltimore, MD	$50,001 - $100,000	Capital Gains	$2,501 - $5,000	
	Elijah E. Cummings, P.A.	None	No Income per House Rules. Continued legal existence for resolving claims only.	None	
	Legg Mason Money Market Fund	$1 - $1,000	Dividends	$1 - $200	
	Alger Fund	$1 - $1,000	Dividends	$1 - $200	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	First Financial FCU	$1,001 - $15,000	Interest	$1 - $200	
SP	John Alden Life Insurance	$1 - $1,000	Interest	$1 - $200	
SP	Kemper Mutual Funds	$1 - $1,000	Dividends	$1 - $200	
SP	Chubb Life Insurance Account	$1 - $1,000	Dividends	$1 - $200	
SP	Pioneer II Fund	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Pioneer Capital Growth Fund	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Western Reserve Life	$1 - $1,000	Interest	$1 - $200	
SP	Lincoln Life Insurance	$50,001 - $100,000	Dividends	$2,501 - $5,000	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	Installment Sale of 2225 St. Paul Street, Baltimore (See, Schedule III and 5/1996 Report	Sold	Ongoing	$1,001 - $15,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to eny one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del	$100,001 - $250,000
	Ideal Savings & Loan, Baltimore	Mortgage: 2225 St. Paul Street, Baltimore, MD	$15,001 - $50,000
	CENLAR Federal Savings Bank, Trenton, NJ	Mortgage: 2014 Madison Avenue, Baltimore, MD	$50,001 - $100,000

SCHEDULE VII – TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Black Law Students' Association, University of S.Carolina, Columbia, S.C.	2/27/1999	Balt.Wash -Columbia, S.C.-Balt.Wash	Y	Y	N	N
National Forum for Black Public Administrators	3/29/1999	Balt.Wash.-Austin, Texas-Balt.Wash.	Y	Y	N	N
Delta Sigma Theta Sorority	6/26/1999	Balt.Wash.-Baton Rouge, LA-Balt.Wash.	Y	Y	N	N
Conference of Minority Transportation Officials	7/9/1999	Balt.Wash.-Boston, Mass.-Balt.Wash.	Y	Y	N	N

Name Elijah E. Cummings

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Director	Baltimore Zoological Society, Baltimore, MD
Director	Eubie Blake Cultural Center, Baltimore, MD
Director	Learning to Lead, Inc., Baltimore, MD
Member	Morgan State University Board of Regents, Baltimore, MD
Member	University of Maryland School of Law Board of Visitors, Baltimore, MD

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Randy "Duke" Cunningham
(Full Name)

2238 Rayburn House Office Building
(Mailing Address)
Washington DC 20515

Daytime Telephone:
202-225-5452

Filer Status [X] Member of the U.S. House of Representatives — State: CA District: 51 — [ ] Officer or Employee — Employing Office:

Report Type [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes	X	No		
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes		No	X	
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes	X	No		
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes		No	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes		No	X	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes		No	X	
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes	X	No		
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes		No	X	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes		No	X	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes		No	X
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes		No	X

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Randy "Duke" Cunningham	11 MAY 00

Name Randy "Duke" Cunningham

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Encinitas Union School District	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Randy "Duke" Cunningham | Page 2 of 4

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. Excludes: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	et close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description iin this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Top Gun Enterprises - Sole Share Holder	$25,000,001 - $50,000,000	Capital Gains	$5,001 - $15,000	
	Mission Valley Federal Credit Union	$50,001 - $100,000	Interest	$201 - $1,000	
	Union Bank Miramar - Checking	$15,001 - $50,000	Interest	$1,001 - $2,500	
	Union Bank Miramar - Checking	$1,001 - $15,000	Interest	$1,001 - $2,500	
SP	Union Bank Miramar - IRA	$15,001 - $50,000	Interest	$1,001 - $2,500	
	Union Bank Miramar - IRA	$15,001 - $50,000	Interest	$1,001 - $2,500	

Name Randy "Duke" Cunningham | Page 3 of 4

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Congressional Federal Credit Union - Checking	$1 - $1,000	Interest	$1 - $200	
JT	Congressional Federal Credit Union - Savings	$15,001 - $50,000	Interest	$1 - $200	
DC	Union Bank Miramar - Savings	$1,001 - $15,000	Interest	$1 - $200	
DC	Union Bank Miramar - Savings	$1,001 - $15,000	Intrest	$1 - $200	
	Note secured by Deed of Trust located at Elsworth - parcel #386-410-28, debtor Calvin Goad	$50,001 - $100,000	Interest	$2,501 - $5,000	

Name Rendy "Duke" Cunningham | Page 4 of 4

SCHEDULE VII – TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
American Bakers Association	April 18, 1999	Washington, DC - Phoenix, AZ - Washington, DC	N	N	N	N/A

RANDY "DUKE" CUNNINGHAM
51ST DISTRICT, CALIFORNIA

COMMITTEE ON APPROPRIATIONS

SUBCOMMITTEES:
DEFENSE

LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION

DISTRICT OF COLUMBIA

ASSISTANT MAJORITY WHIP

Congress of the United States
House of Representatives
Washington, DC 20515–0551

PLEASE RESPOND TO:

☐ 2238 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-0551
(202) 225-5452
(202) 225-2558 FAX

☐ 813 WEST VALLEY PARKWAY
SUITE 320
ESCONDIDO, CA 92025
(760) 737-8438
(760) 737-8132 FAX

E MAIL VIA WEB SITE
http://www.house.gov/cunningham/

(6)

June 15, 2000

MC ✓

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00 JUN 15 PM 4:05

Jeff Trandahl, Clerk of the House
The Clerk, U.S. House of Representatives
B-106 Cannon House Office Building
Washington, D.C. 20515-6612

Dear Mr. Trandahl:

Please be advised that there was a typographical error in my Financial Disclosure that was filed on May 15, 2000. I would like to correct this error by submitting a corrected Schedule III. The error is that Value of Asset of Top Gun Enterprises it should have read $250,001 - $500,000 not $250,000,001 - $500,000,000.

Should you have any questions or need additional information please do not hesitate to contact my executive assistant, Susan Woodworth at 225-5452.

Sincerely,

Randy "Duke" Cunningham
Member of Congress

RDC:sbw
Enclosure

PRINTED ON RECYCLED PAPER

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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Randy "Duke" Cunningham
(Full Name)

2238 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-5452

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 51	[ ] Officer or Employee	Employing Office:
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Randy "Duke" Cunningham	6/15/2000

1341

Name Randy "Duke" Cunningham	Page ___ of ___

SCHEDULE I -- EARNED INCOME

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	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
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	Encinitas Union School District	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Randy "Duke" Cunningham	Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC JT	*Examples:* SP 123 Main St., Dover, Del. Mega Corp. Stock 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Top Gun Enterprises - Sole Share Holder	$250,001 - $500,000	Capital Gains	$5,001 - $15,000	
	Mission Valley Federal Credit Union	$50,001 - $100,000	Interest	$201 - $1,000	
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	Union Bank Miramar - Checking	$1,001 - $15,000	Interest	$1,001 - $2,500	
SP	Union Bank Miramar - IRA	$15,001 - $50,000	Interest	$1,001 - $2,500	
	Union Bank Miramar - IRA	$15,001 - $50,000	Interest	$1,001 - $2,500	

Name Randy "Duke" Cunningham	Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Congressional Federal Credit Union - Checking	$1 - $1,000	Interest	$1 - $200	
JT	Congressional Federal Credit Union - Savings	$15,001 - $50,000	Interest	$1 - $200	
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	Note secured by Deed of Trust located at Elsworth - parcel #386-410-28, debtor Calvin Goad	$50,001 - $100,000	Interest	$2,501 - $5,000	

Name Randy "Duke" Cunningham	Page ____ of ____

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

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	Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
	Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
	American Bakers Association	April 18, 1999	Washington, DC - Phoenix, AZ - Washington, DC	N	N	N	N/A

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A

For use by Members, officers, and employees

RECEIVED
RESOURCE CENTER
00 MAY 15 PM 1:31
OFFICE OF THE CLERK
OF REPRESENTATIVES

(9)

HAND DELIVERED

(Office Use Only)

Pat Danner
(Full Name)

2262 Rayburn Building
(Mailing Address)

202-225-7041
Daytime Telephone

Washington, D. C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: MO District: 06	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
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III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
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EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Pat Danner	5/12/00

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and emount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Kaana State	Approved Teaching Fea	$6,000
	State of Maryland	Lagislativa Pansion	$9,000
	Civil War Roundtabla (Oct. 2nd)	Spousa Speech	$1,000
	Ontario County Board of Education	Spousa Salary	NA
	AETNA (Spouse-Annuity)	TWA Retirement	N/A
	State of Missouri	Legislative Pension	10,065.13

For paymenta to charity in llau of honoraria, use Schedule II.

Name Pat Danner

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock					X								X										X								P
	Examples: Simon & Schuster		Indefinite																	Royalties									X			
	Examples: 1st Bank of Paducah, KY accounts						X									X										X						
JT	Prairie View Car Wash 6550 NW Prairie View Road Kansas City, MO							X								Profits										X						
JT	Autowash #12, 2610 N.E. 60th Street Gladstone, MO							X								Profits										X						
JT	Cedarwoods Apts. 206-215 W. Main Smithville, MO								X						X											X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Pat Danner

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Meadowbrook Highlands			X																	X											
	Lot 5, N. Antioch Rd.																															
	Gladstone, MO																															
JT	Briarcliff Pt. Partners						X								X										X							
	209 NE 40th Terrace, Kansas City, MO																															
JT	Ventures North, Inc.						X								X										X							
	I-35 & N. Brighton																															
	Kansas City, MO																															
JT	Macon County Farm (40 acres)				X											Farm Income								X								
	Macon, MO																															
JT	Carroll County Farm (300 acres)					X										Farm Income									X							
	Hale, MO																															
SP	Members America Credit Union							X								X								N/A								
	IRA																															
JT	Members America Credit Union				X											X							X									
	IRA																															
SP	Edward D. Jones							X								X								N/A								
	Money Market Account																															
SP	AHM (Management Co) LLC			X												Profits									X							
JT	MPRE LLC						X								X											X						
SP	NKCM LLC						X								X						X											
JT	Antioch Car Wash						X									Profits									X							
	Kansas City, MO																															

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Pat Danner

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP	SDRE LLC	E	RENT	VII	
JT	STOR-ALL LLC, N. Kansas City	F	RENT	I	
JT	Flint Hills, LLC partial interest in shopping center in Emporia, KS	E	RENT	VII	
SP	QMMP LLC (vacant lot) N. Oak Trafficway, KC	C	RENT	V	
SP	Brookshire II LLC (Subdivision)	F	CAPITAL GAINS	V	S
JT	MidEast Oil (partial gas well)	D	DIVIDENDS	V	S
JT	Barclay Place Development Barry Rd & Troost Kansas City, MO	D		I	S

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Name Pat Danner

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
JT	Liberty Savings Bank (1/4 interest)	Deed of Trust on Briarcliff Point Apts.				X						
JT	Liberty Savings Bank (1/4 interest)	Deed of Trust on Ventures North Apts.				X						
JT	Platte Valley Bank of Smithville (1/2 interest)	Deed of Trust on Prairie View Car Wash			X							
JT	Hillcrest Bank of Kansas City (1/4 interest)	Deed of Trust on NKCM LLC Motel						X				
JT	Platte Valley Bank of Smithville	Deed of Trust on Cedarwood Apts.					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
JT	Liberty Savings Bank, Liberty, MO	Deed of Trust on STOR-ALL LLC					X					
SP	Hillcrest Bank of Kansas City	Deed of Trust CMMP,LLC				X						
JT	Platte Valley Bank of Smithville (1/2 interest)	Deed of Trust on Autowash #12				X						
JT	MO First National Bank of Brookfield	Deed of Trust on Antioch Car Wash				X						
JT	Cameron Savings & Loan, Cameron, MO (1/2 interest)	Deed of Trust on Carroll County Farm			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Pat Danner

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
SP	Brookshire II LLC (Subdivision)		X		12-31-99	X									
JT	Mid East Oil (Partial gas well)		X		1-1-99	X									
					2-15-99	X									
JT	Barclay Placement Development Barry Road & Troost, KC, MO		X												
–															

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Aspen Institute	Feb 12-15 1999	Wash DC--Tampa and Return	Y	Y	Y	4days

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Danny K. Davis
(Full Name)

5956 W. Race
(Mailing Address)
Chicago IL 60644

Daytime Telephone: (202) 225-5006

Filer Status: [X] Member of the U.S. House of Representatives — State: IL District: 07 — [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes	X	No		
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearence, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes	X	No		
III. Did you, your spouse, or a dependant child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes	X	No		
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable eeset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes		No	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes		No	X	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes		No	X	
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes	X	No		
VIII. Did you hold any reportable positions on or before the date of filing in the current calender year? **If yes, complete and attach Schedule VIII.**	Yes	X	No		
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes		No	X	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes		No	X
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes		No	X

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Danny K. Davis	6-14-00

1355

Name Danny K. Davis | Page 1 of 10

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Illinois	Spouse Pension	$30,118.68
	Variable Annuity Life Insurance Company	Spouse Annuity	$35,000.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
XYZ Magazine	Article	Aug. 13, 1999	$ 500
Greater Bethesda MB Church, Chicago, IL	Speech	03-21-1999	$1,000.00
Proviso Parent University, Westchester, IL	Speech	04-14-1999	$100.00
2nd Baptist MBC, Maywood, IL	Speech	04-29-1999	$200.00
Church of Park Manor, Chicago, IL	Speech	06-22-1999	$300.00
1999 Joseph Center Business Conference, Forest Park, IL	Speech	11-06-1999	$2,000.00
Dominican University, River Forest, IL	Speech	11-16-1999	$250.00
Friendship Baptist Church	Speech	12-31-1999	$100.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (s) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	et close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:*	SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	1st Chicago	$1,001 - $15,000	Interest	$201 - $1,000	NA
SP	Pegasus Fund	$50,001 - $100,000	Dividends	$2,501 - $5,000	NA
SP	Equitable IRA	$15,001 - $50,000	Dividends	$1,001 - $2,500	NA
SP	Unite Credit Union	$1 - $1,000	Interest	$1 - $200	NA
	Community Bank Lawndale	$1,001 - $15,000	Interest	$201 - $1,000	NA
SP	VALIC (Annuity)	$50,001 - $100,000	Interest	$2,501 - $5,000	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Annuity	$15.001 - $50.000	Interest	$201 - $1.000	NA
JT	Northwest Austin Council - Note Owed	$15.001 - $50.000	Sale of Real Estate	$5.001 - $15.000	NA

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000

Name	Page 7 of 10

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $260 received by you, your spouse, or a dependant child from any source during the year.
Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependant child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.
Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source		Description	Value
Example:	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

SCHEDULE VII – TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 5-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Afro-American Postal League	May 22-23, 1999	Chicago-Birmingham, Alabama-Chicago	Y	Y	N	N
Little Rock New Party	May 1-3, 1999	Chicago-Little Rock, Arkansas-Chicago	Y	Y	N	Y
Interreligious Foundation for Community Organizations	August 30-September 2, 1999	Chicago-Havana, Cuba-Chicago	Y	Y	Y	N
Pro Vote	October 23-24, 1999	Chicago-St. Louis, Missouri, Chicago	Y	Y	N	N
National Organization of Black Conservation Employees	December 12-13, 1999	Chicago-Atlanta, Georgia-Chicago	Y	Y	N	N

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Board Member	Streetwise Newspaper
Board Member	Prevetion Partnership
Board Member	East West University
Advisory Board	InterFaith House

Name	Page 10 of 10
Danny K. Davis	

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Danny K. Davis
(Full Name)

5956 W. Race
(Mailing Address)
Chicago, IL 60644

Daytime Telephone: (202) 225-5006

Filer Status: [X] Member of the U.S. House of Representatives — State: IL, District: 07 — [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

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This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file the report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Danny K. Davis	6-14-00

1366

Name Danny K. Davis | Page 1 of 10

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

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	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
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	State of Illinois	Spouse Pension	$30,118.68
	Variable Annuity Life Insurance Company	Spouse Annuity	$35,000.00

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SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
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XYZ Magazine	Article	Aug. 13, 1999	$ 500
Greater Bethesda MB Church, Chicago, IL	Speech	03-21-1999	$1,000.00
Proviso Parent University, Westchester, IL	Speech	04-14-1999	$100.00
2nd Baptist MBC, Maywood, IL	Speech	04-29-1999	$200.00
Church of Park Manor, Chicago, IL	Speech	06-22-1999	$300.00
1999 Joseph Center Business Conference, Forest Park, IL	Speech	11-06-1999	$2,000.00
Dominican University, River Forest, IL	Speech	11-16-1999	$250.00
Friendship Baptist Church	Speech	12-31-1999	$100.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.

	BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
SP, DC, JT	Examples: SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
	SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
JT	1st Chicago	$1.001 - $15.000	Interest	$201 - $1.000	NA
SP	Pegasus Fund	$50.001 - $100.000	Dividends	$2.501 - $5.000	NA
SP	Equitable IRA	$15.001 - $50.000	Dividends	$1.001 - $2.500	NA
SP	Unite Credit Union	$1 - $1.000	Interest	$1 - $200	NA
	Community Bank Lawndale	$1.001 - $15.000	Interest	$201 - $1.000	NA
SP	VALIC (Annuity)	$50.001 - $100.000	Interest	$2.501 - $5.000	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Annuity	$15.001 - $50.000	Interest	$201 - $1.000	NA
JT	Northwest Austin Council - Note Owed	$15.001 - $50.000	Sale of Real Estate	$5.001 - $15.000	NA

Name Danny K. Davis	Page 5 of 10

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000

SCHEDULE V – LIABILITIES

Report **liabilities** of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000

Name	Page 7 of 10

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.
Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.
Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (value received from Committee on Standards)	$270

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 8-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Afro-American Postal League	May 22-23, 1999	Chicago-Birmingham, Alabama-Chicago	Y	Y	N	N
Little Rock New Party	May 1-3, 1999	Chicago-Little Rock, Arkansas-Chicago	Y	Y	N	Y
Interreligious Foundation for Community Organizations	August 30-September 2, 1999	Chicago-Havana, Cuba-Chicago	Y	Y	Y	N
Pro Vote	October 23-24, 1999	Chicago-St. Louis, Missouri, Chicago	Y	Y	N	N
National Organization of Black Conservation Employees	December 12-13, 1999	Chicago-Atlanta, Georgia-Chicago	Y	Y	N	N

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Board Member	Streetwise Newspaper
Board Member	Prevention Partnership
Board Member	East West University
Advisory Board	InterFaith House

Name Danny K. Davis

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

00 MAY 15 PM 4:42

OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

(4)

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Jim Davis
(Full Name)

418 Cannon HOB
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-3376

Filer Status [X] Member of the U.S. House of Representatives — State: FL District: 11 — [ ] Officer or Employee — Employing Office:

Report Type [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.		May 15, 2000

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Name Jim Davis

Page ___ of ___

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Spouse-Independent Contractor- Research Consultant	Independent Contractor Fees	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Jim Davis	Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP. DC. JT	*Examples:* SP. Mega Corp. Stock SP. 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	DC (2) Certificates- Treasury Securities, State of New York	$1,001 - $15,000	NA	None	NA
	State of Florida Retirement System	$15,001 - $50,000	Deferred Benefit Plan	None	NA

Name Jim Davis	Page ____ of _____

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Washington & Lee University-Speech to students and prospective interns	January 12, 1999	Wash, D.C.-Lexington, VA-Wash, D.C.	N	Y	N	N
Florida Chamber of Commerce- speech on International Trade	February 17-19, 1999	Wash, D.C.-Miami, FL- Wash, D.C.	Y	N	N	N
Aspen Institute- Bipartisan Retreat	March 19-21, 1999	Wash, D.C.-Hershey, PA-Wash, D.C.	Y	Y	Y	N

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
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(Office Use Only)

(6)

Thomas M. Davis, III
(Full Name)

3304 Juniper Way Falls Church, VA 22044
(Mailing Address)

Daytime Telephone: 202-225-1492

Filer Status	[X] Member of the U.S. House of Representatives — State: VA District: 11	[ ] Officer or Employee	Employing Office:
Report Type	[ ] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [✓]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [✓]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [✓]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [✓]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [✓]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [✓]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [✓]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [✓]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [✓]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [✓]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [✓]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Tom Davis	5/1/00

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Name Tom Davis | Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Davis, Hall & Hafner	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Tom Davis | Page 3 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp. Stock					X								X										X								P
DC	Examples: Simon & Schuster			Indefinite																Royalties								X				
JT	1st Bank of Paducah, KY accounts						X									X										X						
	Virginia State Public Authority Bonds				X									X										X								
	PRC, Inc - ESOP						X							X												X						
	Ocona Prop. Partnership VA Beach, VA				X										X						X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Tom Davis

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Fairfax County Public Improvement Bonds				X											X										X						
	Charles Schwab Tax-exempt money fund							X								X								X								
	Black & Decker				X									X										X								
	Savings Acct. - First Union Bank				X									X										X								
	Rental Prop. - Annandale, VA						X								X						X											
	PRC, Inc. - 401K Plan							X								X									X							
	401K Plan - Oakton Comp Fairfax County						X									X									X							

This page may be copied if more space is required.

Name Tom Davis | Page 5 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	First Virginia Bank	mortgage - 4559 King School Drive Annandale, VA				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Tom Davis | Page 6 of 6

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American-Israel Education Foundation	Aug. 17-25	Wash, DC - Israel - Wash. DC	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

John Nathan Deal
(Full Name)

8805 Skitts Mountain Road
(Mailing Address)

Clermont GA 30527

Daytime Telephone: (202) 225-5211

Filer Status	[X] Member of the U.S. House of Representatives	State: GA District 09	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes	[X]	No	[ ]	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes	[ ]	No	[X]	
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes	[X]	No	[ ]	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes	[X]	No	[ ]	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes	[X]	No	[ ]	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes	[ ]	No	[X]	
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes	[ ]	No	[X]	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes	[X]	No	[ ]	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes	[ ]	No	[X]	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes	[ ]	No	[X]
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes	[ ]	No	[X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John Nathan Deal	5/15/00

1387

Name John Nathan Deal	Page ___ of ___

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Hall County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name John Nathan Deal | Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A Asset and/or Income Source	BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description iin this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
212 Green St.-Gainesville, GA-1/2 interest	$100,001 - $250,000	Rent	$15,001 - $50,000	
JT 8811 Skitts Mountain Rd.-Rental House, Clermont, GA	$15,001 - $50,000	Rent	$2,501 - $5,000	
IRA- Regions Bank, Gainesville, GA	$1,001 - $15,000	Interest	None	
SP IRA-Regions Bank, Gainesville, GA	$1,001 - $15,000	Interest	None	
IRA-Community Bank and Trust	$1,001 - $15,000	Dividends	None	
IRA-A.G. Edwards-Mutual Funds	$100,001 - $250,000	Dividends	None	

Name John Nathan Deal	Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	IRA-A.G. Edwards-Mutual Funds	$15,001 - $50,000	Dividends	None	
JT	Putnam New Op. Fund	$1,001 - $15,000	Dividends	$1,001 - $2,500	
JT	Washington Mutual Investors Fund, Inc.	$1,001 - $15,000	Dividends	$1,001 - $2,500	
	Wachovia Corp.-Stock	$1,001 - $15,000	Dividends	$201 - $1,000	
	Gainesville Bank and Trust-Stock	$1,001 - $15,000	Dividends	$201 - $1,000	
	Regions Bank-Stock	$1,001 - $15,000	Dividends	$201 - $1,000	
	North GA Farm Credit-Stock	$1,001 - $15,000	Capital Gains and Dividends	$2,501 - $5,000	
	Gainesville Bank and Trust-Checking Account	$1,001 - $15,000	No Interest	None	
	Regions Bank-Checking Account	$1,001 - $15,000	No Interest	None	
	Congressional Federal Credit Union	$1 - $1,000	Interest	$1 - $200	
	Recovery Services, Inc.-Stock	$50,001 - $100,000	Dividends	None	
	Thrift Savings Plan	$100,001 - $250,000	Dividends and Interest	$5,001 - $15,000	
	1/2 interest in 29.574 acres-Gainesville, GA (50% of value and income reported here)	$250,001 - $500,000	Rent	$15,001 - $50,000	
	1/2 interest in Freightliner Truck	$15,001 - $50,000	Rent	$5,001 - $15,000	
	3.03 acres - Forrester Road-Lula, GA	$100,001 - $250,000	Rent	$2,501 - $5,000	
	7 acres - 8778 Skitts Mountain Road-Clermont, GA	$100,001 - $250,000	Rent	None	

Name John Nathan Deal | Page ____ of ____

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Exemple Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	8778 Skitts Mountain Road, Clermont, GA - 7 acres	Purchase	10/08/1999	$100,001 - $250,000
	8947 Forrester Road, Lula, GA - 3.03 acres	Purchase	10/19/1999	$100,001 - $250,000

Name John Nathan Deal	Page ___ of ___

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Gainesville Bank and Trust - Gainesville, GA (1/2 amount reported)	Mortgage on 20.77 acres - 1602 Athens Highway	$100,001 - $250,000
	Gainesville Bank and Trust - (1/2 amount reported)	Endorser-Note on Recovery Services	$15,001 - $50,000
	Gainesville Bank and Trust - Gainesville, GA (1/2 amount reported)	Note for Truck and Tractor	$15,001 - $50,000
	Charles Thurman (1/2 amount reported)	Mortgage on 8.804 acres-1602 Athens Highway	$15,001 - $50,000
	Gainesville Bank and Trust, Gainesville, GA	Mortgage on 88 acres-Skitts Mountain Road	$100,001 - $250,000
	Gainesville Bank and Trust, Gainesville, GA	Mortgage on 9.9 acres-Skitts Mountain Road	$50,001 - $100,000
	Gainesville Bank and Trust, Gainesville, GA	Mortgage on 7 acres - Skitts Mountain Road	$100,001 - $250,000
	Gainesville Bank and Trust	Mortgage on 3.03 acres - Forrester Road	$100,001 - $250,000

Name John Nathan Deal	Page ____ of ____

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Partner	Deal & Jarrard - Real Estate Partnership
Secretary/Treasurer	Recovery Services, Inc.
Partner	C & D Enterprises - Real Estate Partnership

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

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Peter DeFazio
(Full Name)

2134 RHOB Wash D.C.
(Mailing Address)

202 2256416
Daytime Telephone

MC (9)
(Office Use Only)

Filer Status	☒ Member of the U.S. House of Representatives	State: ____ District: ____	☐ Officer or Employee	Employing Office: ____
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date: ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child heve any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Heve you excluded from this report details of such a trust beneliting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet ell three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Peter DeFazio	9 May 2000

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U.S. GOVERNMENT	SELF SALARY	
	CITY OF EUGENE OR	SPOUSE SALARY	

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
XYZ Magazine	Article	Aug. 13, 1999	$500
K-Mart Fundraiser "Kids Race Against Drugs"	Celebrity Race	9/22/99	$500

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Name: DeFazio

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income
For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction
Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPT'ED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP, DC, JT	Examples:	SP	Mega Corp. Stock					X							X										X								P
			Simon & Schuster		Indefinite																Royalties								X			
			1st Bank of Paducah, KY accounts						X								X									X						
SELF	FERS Deferred Comp								X																								
SELF	IRA (Bidwell Co)																																
	Money Mkt			X													X						X										
	T. Rowe Price Eq Y				X													X					X										
	Domini Soc Eq Fund				X													X					X										P
SELF	Oakmark Small Cap				X										X			X					X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DeFazio

Page 5 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SELF	Oakmark Govt Money		X													X						X										
SELF	Dominion Resources			X										X									X									
SELF	Waterhouse Money Mkt			X												X						X										P
SELF	Dominion Soc Equity			X										X			X					X										P
SP	IRA																															
	Vanguard Wellesley			X										X			X						X									
	T. Rowe Price Eq Y			X										X			X						X									
	Fidelity Asset Mgr Gwth			X										X			X						X									
SP	Deferred Comp																															
	VALIC					X								X		X									X	Monthly						P
	PERSCO					X								X		X									X	Country						P

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SCHEDULE IV — TRANSACTIONS

Name DeFazio

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
SELF	CRABBE HUSON		X		6/9/99	X									
SELF	DOMINI SOC EQUITY (IRA)	X			6/10/99	X									
SELF	" " "	X			8/13/99	X									
SELF	WATERHOUSE MONEY MKT	X			11/17/99	X									

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	COUNTRYWIDE FUNDING	½ INTEREST MORTGAGE		X								
		53880 PINE GROVE Rd										
		LA PINE OR										

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Burlington Northern Santa Fe Railway	Jan 7-10	Wash DC – Los Angeles – Albuquerque	Y	Y	Y	N
	American Assoc. of Railroads	Jan 10-13	Albuquerque - Phoenix - Eugene	Y	Y	Y	N
	International Machinists Union	March 20-21	Eugene – Portland – Eugene	Y	N	Y	N
	Provender Alliance	Oct 9-10	Eugene – Ashland – Eugene	Y	N	Y	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	None

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

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Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999	Form A For use by Members, officers, and employees

Diana Louise DeGette
(Full Name)

1339 Longworth HOB
(Mailing Address)

Washington DC 20515
Daytime Telephone: (202) 225-4431

Filer Status	[X] Member of the U.S. House of Representatives	State: CO District: 01	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other essets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics In Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Diana L. DeGette

DATE (Month/Day/Year): 5-15-2000

1403

Name Diana Louise DeGette	Page 1 of 1

SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	McKenna & Cuneo, L.L.P.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page 1 of 1

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$ 500

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Westinghouse Air Brake Co., Common Stock(formerly Motivepower Indus. Inc.)	$1,001 - $15,000	Payment in lieu of fractional shares	$1 - $200	NA
SP	Fidelity Cash Reserves IRA	$1,001 - $15,000	Dividends	$1 - $200	NA
SP	Fidelity Magellan Fund IRA	$50,001 - $100,000	Dividends	$5,001 - $15,000	P
SP	Fidelity Growth & Inc. Fund IRA	$50,001 - $100,000	Dividends	$5,001 - $15,000	P
	Venator Group Inc. Common Stock IRA	$1,001 - $15,000	None	None	NA
	Fidelity Cash Reserves IRA	$1,001 - $15,000	Dividends	$1 - $200	NA
	Fidelity Magellan Fund IRA	$15,001 - $50,000	Dividends	$1,001 - $2,500	P
	Public Employees Retirement Assn.	$1,001 - $15,000	NA	NA	NA
SP	McKenna & Cuneo 401 (k) Plan	$1,001 - $15,000	NA	NA	NA

Name Diane Louise DeGette | Page 1 of 2

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *directed* provide the required information on underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. Exclude: Your personal residence(s) (unless rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	290 Elm St. Denver, Colorado	$500,001 - $1,000,000	Rent	$2,501 - $5,000	NA
JT	US Bank NA	$1,001 - $15,000	Interest	$1 - $200	NA
JT	Fidelity Cash Reserves	$1,001 - $15,000	Dividends	$1 - $200	NA
SP	Diagnostic Prod. Corp. Common Stock IRA	$1,001 - $15,000	Dividends	$1 - $200	NA
SP	Walt Disney Co. Common Stock IRA	$15,001 - $50,000	Dividends	$201 - $1,000	NA
SP	Morrison Knudsen Corp. Common Stock IRA	$1,001 - $15,000	NA	NA	NA

Name Diane Louise DeGette | Page 1 of 1

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
SP	Fidelity Magellan Fund IRA	Purchase	May 5 and Dec. 3, 1999	$1,001 - $15,000
SP	Fidelity Growth & Inc. Fund IRA	Purchase	March 12, 1999, June 11,1999, September 3, 1999, December 17, 1999	$1,001 - $15,000
	Fidelity Magellan Fund IRA	Purchase	May 5 and Dec. 3, 1998	$1,001 - $15,000

Name Diana Louise DeGette | Page 1 of 1

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child.
amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del	$100,001 - $250,000
	GE Capital Mortgage	Mortgage on Rental Property	$250,001 - $500,000
	Norwest Bank of Colorado, N.A.	Mortgage on Rental Property	$15,001 - $50,000
	MBNA America	Revolving charge account	$15,001 - $50,000
	First USA	Revolving charge account	$15,001 - $50,000
	Traveler's Bank	Revolving charge account	$10,001 - $15,000

Name	Page 1 of 1

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.
Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.
Note: The gift rule (House Rule 51, re-numbered to clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Name Diana Louise DeGette | Page 1 of 1

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
The Brookings Institute & The Japan Center for International Exchange	12/6-12/99	Washington, Tokyo, Japan, Kyoto, Japan, Tokyo, Washington	Y	Y	N	N

Name Diana Louise DeGette | Page 1 of 1

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Director	Planned Parenthood of the Rocky Mountains
Circuit Secretary	New York University Root-Tilden-Kern Scholarship Fund

Name	Page 1 of 1

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

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MC (Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

William D. Delahunt
(Full Name)

1317 Longworth House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-3111

Filer Status	[X] Member of the U.S. House of Representatives	State: MA District: 10	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes [X] No [ ]
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? Yes [ ] No [X]
If yes, complete and attach Schedule II

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes [X] No [ ]
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? Yes [X] No [ ]
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes [X] No [ ]
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? Yes [ ] No [X]
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? Yes [X] No [ ]
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes [X] No [ ]
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes [ ] No [X]
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS–Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	William D Delahunt	

1414

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Commonwealth of Massachusetts Retirement System	Pension	$54,207.72

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description iin this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC *Examples:* SP JT	Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Commonwealth of Massachusetts Deferred Compensation Plan	$250.001 - $500.000	Interest	$15.001 - $50.000	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	Kingswood Condominium #5D, Quechee, VT	Sold	12/28/1999	$15,001 - $50,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	First N.H. Bank of Lebanon, Lebanon, NH	Mortgage on Unit #5, Kingswood Condominium, Quechee, VT	$15,001 - $50,000
	First Trade Union Savings Bank, Boston, MA	Guarantor of Mortgage on 24 Washburn Ave., Cambridge, MA	$100,001 - $250,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Excluds: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Invest to Compete Alliance	July 2 -5	Chatham, MA	Y	Y	N	None
Center for International Policy	May 30 - June 4	Washington, DC - Colombia - Washington, DC	Y	Y	N	None
Aspen Institute	March 19 -21	DC - Hershey, PA - DC	Y	Y	N	None
National Association of Criminal Defense Lawyers	January 31 - February 5	Boston - Aspen - Boston	Y	N	N	None
Middlebury College	February 18 -19	Quincy, MA - VT - Quincy, MA	Y	Y	N	None

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Member, Board of Directors	Massachusetts Association for Mental Health

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

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15

Rosa L. DeLauro
(Full Name)

49 Huntington Street
New Haven, CT 06511
(Mailing Address)

202-225-3661
Daytime Telephone

Filer Status: [X] Member of the U S House of Representatives — State CT District: 3rd; [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15); [ ] Amendment; [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I. — Yes [X] No [ ]

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. — Yes [X] No [ ]

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III. — Yes [X] No [ ]

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV. — Yes [X] No [ ]

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V. — Yes [X] No [ ]

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? If yes, complete and attach Schedule VI. — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? If yes, complete and attach Schedule VII. — Yes [ ] No [X]

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month Day Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief	Rosa L. DeLauro	5/15/00

Name Rosa L. DeLauro | Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Greenberg Quinlan Research,Inc.	Spouse Salary	N/A
Greenberg Research, Inc.	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Rosa L. DeLauro | Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1999	$500
Kmart Family Foundation Troy,MI	Participation in Race	9/22/99	$500

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Name Rosa L. DeLauro

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp Stock					X								X										X								P
	DC Simon & Schuster		Indefinite																	Royalties									X			
	JT 1st Bank of Paducah, KY accounts						X									X									X							
JT	Chase Manhattan Escrow			X												X						X										
JT	Fleet,Ct			X												X						X										
	Fleet,Ct-Scholarship Fund			X												X							X									
JT	Sequoia Natl Bk,DC Chkg				X											X							X									
S	Sequoia Natl Bk,DC Svgs			X												X							X									
S	Sequoia Natl Bk,DC Svgs			X												X						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND UNEARNED INCOME
Continuation Sheet (if needed)

Name Rosa L. DeLauro

Page 2 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	P, S, E
JT	MERRILL LYNCH-JOINT:																															
	Pimco Innovation Fd					X											X									X						P
	Putnam Health Sci Fd	X															X							X								S
	Wash Mutual Invstrs Fd					X								X			X									X						P
	ML CMA MMF					X								X			X								X							
	Davis Ser Finan Fd B			X										X							X											P
	Putnam Voyager Fd II				X												X							X								P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rosa L. DeLauro

Page 3 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	TIAA RETRMT				X											X								X								
SP	CREF RETRMT						X							X							X											
SP	TIAA SUPP RETRMT			X												X							X									
	TIAA RETRMT						X									X								X								

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SCHEDULE III — ASSETS AND UNEARNED INCOME

Continuation Sheet (if needed)

Name Rosa L. DeLauro

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	MERRILL LYNCH GREENBERG QUINLAN RESEARCH P/S:																															
	* Zero Treasury				X											X					X											
	* Zero Financing Corp			X												X					X											
	* Nations Marsico Fd					X											X					X										P
	* Pimco Innovation Fd				X												X								X							P
	* Putnam Voyager Fd II				X												X							X								P
	* Munder Net Net Fd				X																X											P
	* Davis NY Venture Fd A						X							X			X							X								P
	* Washington Mutual Inv Fd				X									X			X							X								P
	* ML CMA MMF		X											X									X									
	* ML Global Alloc Fd B	X															X				X											S
	* Aim Aggres. Growth Fd	X															X										X					S
	* Putnam Health Sci Fd	X															X				X											S

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* All these funds were not detailed on 1998 financial disclosure statement. They were combined under the heading name as shown above... Merrill Lynch Profit Sharing Plan- Greenberg Quinlan Research.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME
Continuation Sheet (if needed)

Name Rosa L. DeLauro

Page 5 of 6

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	The following assets are held in joint name with mother, Louise DeLauro for estate purpoaes only. Assets are under control of and all income is reported by joint tenant, Louise DeLauro.																															
	Fleet,Ct- Checking				X																X											
	Fleet,Ct-MMF			X												X						X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rosa L. DeLauro

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	P, S, E
JT	Political Properties						X							Partnership Income										X						
	General Partnership-													See Statement I																
	29.99% owner																													
	515 2nd StreetNE Wash,DC																													
	Commercial Rental																													
SP	Greenberg Quinlan Research								X					See Statement II						X										
	Inc-67% owner																													
	10 G St.NE Wash,DC																													
	Polling/Consulting Services																													
SP	Greenberg Research Inc.							X						See Statement III						X										
	100% owner																													
	10 G St.NE Wash,DC																													
	Strategic Consulting																													
SP	Colonial Executive Ltd Partnership																													
	Horizon Towers & Exec House																													
	1.2375% owner	X												Partnership Income / Capital Gains												X				S
JT	Basement Rental																													
	816 E Capitol St.NE								X					X										X						
	Washington, DC 20002																													

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Name Rosa L. DeLauro

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
JT	MERRILL LYNCH-JOINT:														
	Putnam Health Sci Fd		X		11/22/99		X								
	Putnam Voyager Fd II	X			11/22/99		X								
	Davis Ser Finan Fd B	X			1/6/99	X									
	Putnam Voyager Fd II	X			12/30/99	X									
	Pimco Innovation Fd	X			12/14/99	X									
	Wash Mutual Invstrs Fd	X			12/20/99	X									
SP	Colonial Executive Ltd Partnership														
	Horizon Towers & Exec House 1.2375% owner		X		12/31/99			X							

This page may be copied if more space is required.

Name Rosa L. DeLauro

Page 2 of 2

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
SP	MERRILL LYNCH GREENBERG QUINLAN RESEARCH														
	P/S:														
	Nations Marsico Fd	X			7/16/99		X								
	Pimco Innovation Fd	X			11/19/99		X								
	Putnam Voyager Fd II	X			11/22/99		X								
	Munder Net Net Fd	X			4/1/99		X								
	ML Global Allocation Fd B *		X		4/1/99		X								
	Aim Aggressive Growth Fd *		X		7/16/99		X								
	Putnam Health Sci Fd *		X		11/22/99		X								
	Davis NY Venture	X			12/3/99	X									
	Pimco Innovation Fd	X			12/15/99	X									
	Washington Mutual Inv Fd	X			12/21/99	X									
	Putnam Voyager Fd II	X			12/31/99	X									

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* Funds withing the Merrill Lynch Greenberg Quinlan Research P/S account not detailed in 1998

Name	Page 1 of 1
Rosa L. DeLauro	

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Sequoia National Bank Washington,DC	Mortgage on rental property										
		@29.99% ownership-Political										
		Propertiea-General Partner				X						
JT	Bank of America Washington, DC	816 E Capitol St.NE WDC						X				
		Mortgage										

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name Rosa L. DeLauro | Page 1 of 1

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	NONE						

This page may be copied if more space is required.

Name	Rosa L. DeLauro	Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Fellow	Timothy Dwight College - Yale University
Director	(Hippy USA) Home Instruction Program for Preschool Youngsters
Director	Kids for Life
Director	Women's Campaign School - Yale University

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

Rosa L. DeLauro
49 Huntington Street
New Haven, CT 06511

House of Representatives, CT, 3rd District

ATTACHMENTS: BASIS OF VALUATION

Statement I. Schedule III. Page 6:

Political Properties General Partnership – 1999 DC Assessed Value - $555,500; 29.99% Share $166,595.

Statement II. Schedule III. Page 6:

Greenberg Quinlan Research, Inc. – Shares value based on net book value of corporation and officer-shareholder compensation at 12/31/99.

Statement III. Schedule III. Page 6:

Greenberg Research, Inc. – Shares value based on net book value of corporation and officer-shareholder compensation at 12/31/99.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

Thomas Dale DeLay (Full Name)
H-107, The Capitol (Mailing Address) 202/225-0197 Daytime Telephone
Washington, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives — State: TX District: 22	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more then 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Tom DeLay	5/15/00

Name	Page
Tom DeLay	2 of 4

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil Wer Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Selary	NA
	Alexander Strategy Group	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Tom DeLay

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock					X								X										X								P
	Simon & Schuster		Indefinite																	Royalties									X			
	1st Bank of Paducah, KY accounts						X									X									X							
JT	Exxon Stock					X								X										X								
JT	Congressional Credit Union		X																		X											
JT	Norwest Bank TX.			X												X						X										
SP	First Union IRA																															
SP	Evergreen M/M			X										X								X										P
SP	U.S. Treasuries Strips			X																	X											P

For additional assets and unearned income, use next page.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Chairman	Americans For A Republican Majority

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

TOM DELAY
TEXAS

H-107, The Capitol
Washington, DC 20515-6503
(202) 225-0197

One Hundred Sixth Congress
U.S. House of Representatives
Office of the Majority Whip

HAND DELIVERED

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 JUN 13 PM 5:19
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

June 12, 2000

2

MC

Honorable Jeff Trandahl
Clerk of the U.S. House of Representatives
Legislative Resource Center
B106 Cannon House Office Building
Washington, DC 20515-6612

Dear Clerk Trandahl,

I hearby amend my Financial Disclosure Statement for calendar year 1999.

Please add Schedule IV to my Financial Disclosure Statement for calendar year 1999. Additionally, the Preliminary Information on Schedule IV should have read YES rather than NO.

Sincerely,

Tom DeLay

Tom DeLay, M.C.

SCHEDULE IV — TRANSACTIONS

Name Tom DeLay

Page ___ of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
SP	US Treasury Strips 11/15/00	X			3/29/99	X									
SP	US Treasury Strips	X			6/3/99	X									

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

00 MAY 15 PM 2:05

OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

(9)

HAND DELIVERED

(Office Use Only)

James W. DeMint
(Full Name)

132 Coventry Rd
(Mailing Address)

864-232-1141
Daytime Telephone

Greenville, S.C. 29615

Filer Status	[x] Member of the U.S. House of Representatives — State: S.C. District: 4	[ ] Officer or Employee	Employing Office:
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [x]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [x]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [x]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [x] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [x] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [x]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [x] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Jim DeMint	5/11/00

1442

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page
Jim DeMint	3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$500
	None			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Examples:	SP	Mega Corp. Stock					X							X																	P
			Simon & Schuster	Indefinite																	Royalties							X				
			1st Bank of Paducah, KY accounts					X								X										X						
	Mainstay (IRA)					X									X										X							
	Solomon Smith Barney (IRA)					X									X									X								
SP	Solomon Smith Barney (IRA)				X										X								X									
SP	BB&T Corp						X								X			X									X					
DC	BB&T						X								X			X							X							

For additional assets and unearned income, use next page.

1445

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jim DeMint

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
DC	Centennial Money Mkt				X									X										X									
DC	BellSouth				X									X										X									
	90% Share: DeMint Mkt. Mgt., Inc. (inactive)					X															X												

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Name Jim DeMint

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
SP	BB&T		X		11/3/99				X						
DC	BB&T		X		1/7/99	X									
	"		X		4/13/99	X									
	"		X		9/7/99	X									
	"		X		11/2/99	X									
DC	Duke & Phelps Utils		X		9/7/99	X									
	50% Share: DeMint Group Properties (Commercial Building)		X		3/15/99						X				

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Name Jim DeMint | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delawere	Mortgage on 123 Main St., Dover, Del.				X						
	Carolina First, Greenville, SC	Credit line		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Greenville Family Partnership (Non-profit drug prevention organization)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
approx. 1989	DeMint Marketing Management, Inc.	Upon my death, the proceeds of the life insurance policy disclosed on schedule III (90 percent share in DeMint Marketing Management, Inc. with no income) would be used to buy the business from my wife.

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
00 JUN 14 PM 4:15

Peter Russell Deutsch
(Full Name)

PO Box 817689
(Mailing Address)

954-437-3936
Daytime Telephone

Hlwd, Fla. 33081

HAND DELIVERED
(Office Use Only)

8

Filer Status	☒ Member of the U.S. House of Representatives — State: Florida District: 20	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐	VI. Did you, your spouse, or a dependant child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
III. Did you, your spouse, or a dependant child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒ No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V. Did you, your spouse, or a dependant child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependant child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependant child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Pete Deutsch	6/1/00

Name Peter Deutsch | Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Aish Ha Torah; Hollywood, Fla.	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Peter Deutsch

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp. Stock					X								X										X								P
DC, JT	Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
	4350 Pine Island Rd; Naples, FL						X										X				X											
JT	Merrill Lynch Money Market Acct			X												X							X									
	Savings Plan																															
	IRA - Vanguard Prime Money Market						X									X								X								P
	IRA - New American High Income Fund	X												X		X	X						X									S
	IRA - Pilgrim Prime Rate Fund	X												X		X	X				X											S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Peter Destad

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	IRA-Van Kampen Merrill	X												X		X	X				X											S
	IRA-Van Kampen Merrill LTD	X												X		X	X				X											S
	IRA-Zenix Income Fund	X												X		X	X				X											S
	IRA-Tiger Sir				X									X		X	X				X											
	IRA-John Hancock Sov Opportu	X												X		X	X				X											S
	IRA-GT Global Health Care	X												X		X	X				X											S
	IRA-GT Global Telecom	X												X		X	X				X											S
	IRA-Oppenheimer High Yield	X												X		X	X															S
	IRA-Sentinel and Pacs Dep. Rec				X									X		X	X					X										
	Thrift Saving Plan-(Fed)						X							X		X	X				N/A											P (additional)
	IRA-Fidelity Cash Reserve	X														X								X								P/S
DC	Business, Right China Fund			X										X		X	X					X										S (partial)
DC	Janus, Worldwide Fund			X										X		X	X								X							S (partial)
DC	T. Rowe Price, Europe Fund			X										X		X	X							X								S (partial)
DC	T. Rowe Price, Balanced Fund			X										X		X	X							X								
DC	Air Express International Stock				X									X			X										X					S (partial)
DC	Schwab Money Market Fund			X												X						X										P
DC	Schwab Fla Municipal Cash Trust			X												X						X										P
DC	Fidelity, Growth & Income Fund			X										X		X	X							X								S (partial)
DC	Fidelity, Stock Selector Fund	X												X		X	X							X								S
DC	Invesco, Stat Financial Services			X										X		X	X							X								S (partial)
DC	Vanguard, Spec. Health Fund			X										X		X	X							X								S (partial)

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Peter Deutsch

Page 5 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
DC	Schwab 1000						X							X		X	X							X								P (additional)
DC	4350 S Ave Island Rd						X										X				X											
SP	IRA - Imp; Stock		X											X			X				X											
SP	IRA - Immune Rep Stock	X												X			X				X											S
SP	IRA - IVAX; Stock			X										X			X				X											
SP	IRA - MBNA; Stock			X										X			X					X										
SP	IRA - Medplus; Stock		X											X			X				X											
SP	IRA - The Sports; Stock		X											X			X				X											Name Change to Global Technologies
SP	IRA - Health & Retirement Prop Stock		X											X			X					X										
SP	IRA - American Bio Med Corp Stock		X											X			X				X											
SP	IRA - Universal Pharmacy, Market			X												X							X									

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Name Peter Deutsch

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
	IRA - Vanguard Prime Money Market	X			3/30/99				X						
	IRA - New American High Income Fund		X		1/12/99		X								
	IRA - Pilgrim Prime Rate Fund		X		1/12/99	X									
	IRA - Van Kempen Merritt		X		1/12/99	X									
	IRA - Van Kempen Merritt LTD		X		1/12/99	X									
	IRA - Zenix Income Fund		X		1/12/99	X									
	IRA - John Hancock Spec. Opp. Fund		X		1/12/99		X								
	IRA - GT Global Health Care		X		1/12/99	X									
	IRA - GT Global Telecom		X		1/12/99	X									
	IRA - Oppenheimer High Yield		X		1/12/99		X								
	IRA - Van Kempen Merritt		X		1/13/99	X									
	IRA - Fidelity Cash Reserves	X			1/12/99				X						
	IRA - Fidelity Cash Reserves	X			1/13/99	X									
	IRA Fidelity Cash Reserves		X		3/29/99				X						
DC	Guiness, Flight China Fund		X		11/18/99	X									
DC	Janus, Worldwide Fund		X		11/19/99	X									

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SCHEDULE IV — TRANSACTIONS

Name Peter Deutsch

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	Example: Mega Corporation Common Stock	X			10-12-99		X								
DC	T. Rowe Price, Europe Fund		X		11/19/99	X									
DC	Schwab Money Market Fund	X			11/29/99	X									
DC	Air Express International, Stock		X		11/19/99		X								
DC	Schwab 1000	X			1/19/99		X								
DC	Schwab 1000	X			1/26/99		X								
DC	Schwab Fla Municipal Cash Trust	X			11/26/99		X								
DC	Fidelity Growth and Income Fund		X		11/19/99	X									
DC	Fidelity, Stock Selector Fund		X		11/19/99	X									
DC	Invesco, Financial Services		X		11/19/99	X									
DC	Vanguard, ~~Spec.~~ Health Fund		X		11/19/99	X									
SP	IRA Immune Response		X		1/20/99	X									
SP	IRA- Fidelity Cash Reserves	X			1/20/99	X									
SP	IRA- Fidelity Cash Reserves		X		3/17/99	X									
SP	IRA Vanguard Prime Money Market	X			3/17/99	X									

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Name Peter Deutsch | Page 5 of 8

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Chabad-Lubavitch of Argentina	3/29-4/6	Miami - Bariloche - Miami	Y	Y	Y	3 days
	Alaska Wilderness League	7/2-7/8	Washington - Artic Wildlife Refuge - Miami	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 15 PM 6:28
OFFICE OF THE CLERK

(24)
HAND DELIVERED
(Office Use Only)

LINCOLN DIAZ-BALART
(Full Name)
8525 NW 53 TERRACE
(Mailing Address)
Miami, FL 33178
Daytime Telephone 305-470-8555

Filer Status	☒ Member of the U.S. House of Representatives — State: FL District: 21	☐ Officer or Employee — Employing Office:	A *$200 penalty* shall be assessed against anyone who files more than 30 days late.
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒ No ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☒
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5-15-2000

Name DIAZ-BALART | Page 2 of ___

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Kaene State	Approved Teaching Fea	$6,000
	State of Maryland	Lagislativa Pansion	$9,000
	Civil War Roundtebla (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	HAMILTON BANK, N.A. Miami, FL	Spouse Salary	Na
	MIRAMAR Securities, Miami, FL	Spouse Salary	Na

For payments to charity in lieu of honoraria, use Schedule II.

Name Diaz-Balart | Page 3 of ___

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
XYZ Magazine	Article	Aug. 13, 1999	$500
Mothers Against Drunk Driving, Miami-Dade Chapter	Race	Sept. 22, 1999	$500.00

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Name DIAZ-BALART | Page 4 of ___

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B	Block C	Block D	Block E
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock	X	X	X	P
	Examples: Simon & Schuster	Indefinite		Royalties: X	
	Examples: 1st Bank of Paducah, KY accounts	X	X	X	
JT	6950 SW 94 Ave. Miami, FL 33173	X			
JT	900 N. Stafford Arlington, VA	X			
	Fidelity Puritan Fund	X	X	X	
Sp	AG Edwards & Son	X	X	X	
Sp	Citibank Savings	X	X	X	
	93 Ford	X			

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Diaz-Balart | Page 5 of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	The New England Life Insurance Policy			X										X									X									

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SCHEDULE IV — TRANSACTIONS

Name Diaz-Balart | Page 6 of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type of Transaction			Date	Amount of Transaction									
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset															
SP	*Example:*	Mega Corporation Common Stock	X			10–12–99		X								
	N/A															

This page may be copied if more space is required.

Name DIAZ-BALART | Page 7 of ___

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example. First Bank of Wilmington, Delawere	Mortgage on 123 Main St., Dover, Del.				X						
JT	Union Planters	MORTGAGE 6920 SW 94 AVE.				X						
JT	GMAC MORTGAGE	MORTGAGE 900 N. STAFFORD			X							
JT	Nations Bank	Line of Credit		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example. Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personel friendship received from Committee on Standards)	$270

N/a

Use additional sheets if more space is required.

Name Diaz-Balart | Page 8 of ___

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Cyprus Federation of America, Inc.	8/20/19-8/26/19	Miami - Larnaca, Cyprus - Mia	Y	Y	Y	N
	The New America Alliance	11/19 - 11/20	Miami - Albuquerque - Miami / Santa Fe, NM	Y	Y	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
N/a	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
N/a		

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

MADD

Mothers Against Drunk Driving

511 E. John Carpenter Frwy., Suite 700 • Irving, Texas 75062-8187 • Telephone (214) 744-MADD • FAX (972) 869-2206/2207 • www.madd.org
NATIONAL OFFICE

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Tony Wells

Executive Director
H. Dean Wilkerson, J.D.

September 1, 1999

Honorable Lincoln Diaz-Balart
United States House of Representatives
Washington, D.C. 20515-0921

Dear Representative Diaz-Balart:

On Wednesday, September 22, 1999, the Kmart Family Foundation will be holding the Third Annual Kmart Kids Race Against Drugs (KRAD) Capitol Hill Challenge between 10:00 a.m. and 3:00 p.m. in Washington, D.C. The KRAD event is a family oriented racing tour that crosses the country to raise funds for drug and alcohol abuse programs, while educating kids about the dangers of using alcohol and other drugs. Many MADD chapters in your home state have benefited from this program on the local level and the funds raised have been used to support our efforts to prevent impaired driving and underage drinking. Alcohol is the number one drug of choice of America's youth and kills six times more young people than all other illicit drugs combined.

Many of you have participated in this event in the past and on behalf of Mothers Against Drunk Driving I would like to extend to you my personal invitation to join us in this years Kmart Kids Race Against Drugs Capitol Hill Challenge. For each member of Congress who races, the Kmart Family Foundation will donate $500 to your drug and alcohol abuse prevention charity of choice including Mothers Against Drunk Driving. If you are one of the top ten finishers, an additional $1,500 will be donated to the charity in your name. You have an opportunity to join Kmart and MADD in the war against drunk driving and underage drinking and highlight the concern and commitment of Congress to fight alcohol and other drug abuse by the youth of our country.

You have received an invitation to this event from Floyd Hall, Kmart's CEO and Chairman and several of your colleagues and I hope you will reserve some time on Wednesday, September 22, to show your commitment to the future of America's youth.

I look forward to seeing you at the finish line and urge you to designate MADD as your charity of choice. The real winners of this race will be our kids.

Sincerely yours,

Karolyn V. Nunnallee

Karolyn V. Nunnallee
National President

202 225-8576

KIDS RACE AGAINST DRUGS

Capitol Hill Challenge 1999

We are pleased and honored that you took the time out of your busy schedule to participate in the Kmart Kids Race Against Drugs, Capitol Hill Challenge.

As promised, we will make a contribution on your behalf to a drug and alcohol prevention organization of your choosing.

Please provide us with the necessary information and return via fax to:

248-614-0960

Thank you again, and we look forward to seeing you next year.

On behalf of: ~~Senator~~/Representative Diaz-Balart

Name of Charity: MADD, Miami-Dade County Chapter

Contact Name for Charity: Susan Isenberg, President
(Title, First Name, Last Name)

Charity Address: 800 Douglas Entrance, Coral Gables, FL 33134
(Street Address, City, State and Zip Code)

Charity Phone: (305) 447-1014

PLEASE WRITE NEATLY OR TYPE INFORMATION. THANK YOU.

* September 22, 1999
$500.00

** TOTAL PAGE.001 **

65-506-00 47

12/97

U.S. House of Representatives
MEMBER/OFFICER TRAVEL DISCLOSURE FORM

This form is for disclosing the receipt of travel expenses from private sources for meetings, speaking engagements, fact-finding trips or similar events in connection with official duties. You need not disclose government-funded or political travel on this form, or travel that is unrelated to official duties. This form does not eliminate the need to report all privately-funded travel on the annual Financial Disclosure Statements of those persons required to file them. In accordance with House Rule 51, complete this form and file it with the Clerk of the House of Representatives, B-106 Cannon House Office Building, within 30 days after travel is completed. The Clerk shall make these forms available to the public as soon as possible after they are filed. *Provide a good faith estimate of all expenses.*

NAME OF MEMBER OR OFFICER (PRINT OR TYPE): LINCOLN DIAZ-BALART

NAME OF ACCOMPANYING FAMILY MEMBER: CRISTINA DIAZ-BALART

RELATIONSHIP TO MEMBER OR OFFICER (check one): X spouse ___ child

DATES OF TRAVEL: August 20, 1999 TO August 26, 1999

DATES AT PERSONAL EXPENSE: _____

DESTINATION(S): LARNACA, Cyprus

SPONSOR (WHO PAID FOR THE TRIP): Cyprus Federation of America, Inc.

PURPOSE OF TRIP: ATTACHED

TOTAL TRANSPORTATION EXPENSES:

For Member or Officer: $5,044.50

For accompanying spouse or child: $5,044.50

TOTAL LODGING EXPENSES:

For Member or Officer: $450.00

For accompanying spouse or child: $450.00

TOTAL MEAL EXPENSES:

For Member or Officer: $450.00

For accompanying spouse or child: $450.00

TOTAL OF ALL OTHER EXPENSES:

For Member or Officer: Na

For accompanying spouse or child: Na

I have determined that all of the expenses listed above were necessary and that the travel was in connection with my duties as a Member or Officer of the U.S. House of Representatives and would not create the appearance that I am using public office for private gain.

SIGNATURE OF MEMBER OR OFFICER:

DATE: 23 Sept. 1999

MEMBER / OFFICER TRAVEL DISCLOSURE FORM ATTACHMENT
CONGRESSMAN LINCOLN DIAZ-BALART

Purpose of Trip:

To learn in detail about the situation of divided Cyprus; to study ways to advance the negotiation process and to speak at the Conference of World Cypriots.

Passenger Ticket and Baggage Check

Lufthansa

Passenger Receipt

ULAL BALART/LINCOLN MR

NOT VALID FOR RETAIN THIS RECEIPT THROUGHOUT YOUR JOURNEY
TRANSPORTATION

VALID ON OPERATED FLIGHTS ONLY NON-ENDORSABLE NON-REFUND OTHER

228 3549 875 521 NYC 29JUL99/1420052 2283549875521

NYC LH X/FRA LH LCA2344.00LH X/FRA LH NYC2344.00NUC4638.00END ROE1.0000000 XT 14.00
US3.50XY4.50OE1.50XA2.00XF EWR3

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NO ADC

ULAL BALART/LINCOLN MR

NEWARK EWR OAX
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FRANKFURT OAX
LH 1468 O 21AUG 1935 1529 OK
CARNACA OAX
LH 3489 O 25AUG 0219 0615 OK
FRANKFURT OAX
LH 408 O 26AUG 1930 1245 OK
NEW YORK NY JFK

NOT VALID FOR TRAVEL
0 220 2176727422 0

PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT

ARC

AMERICAN AIRLINES

ULAL BALART/LINCOLN MR

NOT VALID FOR RETAIN THIS RECEIPT
TRANSPORTATION THROUGHOUT YOUR JOURNEY
NO REFUND/CHG FEE USD 75 PLUS FARE DIFF

MIA AA EWR Q1.85 379.63XA7NR/-NYC AA MIA139.35ROE73FXN 329.85 END IPMIAZ3FX2 XFMIAZ3FX
X3

USD 320.83
US 25.67
ZP 4.00
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USD 356.50

NOT VALID FOR TRAVEL
0 001 7657646983 4

Passenger Ticket and Baggage Check

Lufthansa

Passenger Receipt

17AUG99 0997283 SITI US

ASGT 027491 WASHINGTON

DIAZ BALART/CRISTINA MRS

NOT VALID FOR RETAIN THIS RECEIPT THROUGHOUT YOUR JOURNEY

TRANSPORTATION

VALID ON OPERATED FLIGHTS ONLY*NON-ENDORSABLE*NON-REFUNDABLE

TAUSSUIA

ZZJ 3549 875 522 NYC 29JUL99/1429252 ZZJ3549875522

NYC LH X/FRA LH LCA2344.00LH X/FRA LH NYC2344.00NUC4683.00END ROE1.0000000

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US04683.00 C/P2606.00CHARGE

PC3.00YC

PC7.00CY

PO XT22000378753480 0 220 2176727421 6

NO ADC

DIAZ BALART/CRISTINA MRS

NEWARK EWR OAX

LH 401 0 29AUG 1750 0729+1 OK

FRANKFURT OAX

LH 3456 0 21AUG 1935 1500 OK

CANNACA OAX

LH 3439 0 25AUG 0810 0915 OK

FRANKFURT OAX

LH 488 0 25AUG 1030 1245 OK

FRANKFURT NY JFK

NOT VALID FOR TRAVEL

0 220 2176727421 6

PASSENGER TICKET AND BAGGAGE CHECK

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AMERICAN AIRLINES

17AUG99 PASSENGER RECEIPT 1 OF 1

0011/7210 AA/AA US

ASTORIA LI TOURS /ASTORIA NY 3594235

DIAZ BALART/CHRISTINA MRS

NOT VALID FOR RETAIN THIS RECEIPT

TRANSPORTATION THROUGHOUT YOUR JOURNEY

NO REFUND/CHG FEE USD.75 PLUS FARE DIFF

TAUSSUIA/AA

MIA AA EWR Q1.65 179.63XA7NR/-NYC AA MIA139.35NUC7JFK 328.83 END ZPMIAZJFK2 XFMIAJFK

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ZP 4.00

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USD 356.50

NIA

OEWR AA BZI X 29AUG KAZNAZR

JFK

NIA AA 1397 N 25AUG NOE7JFKN

NOT VALID FOR TRAVEL

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CYPRUS FEDERATION OF AMERICA, INC.

Member of World Federation of Overseas Cypriots • Member of PSEKA • Member of American Hellenic Institute • Member of Hellenic American National Council

Savas C. Tsivicos, President
1309 Allaire Avenue • P.O. Box 2076 • Ocean, NJ 07712 • Telephone: (732) 531-3100 • Facsimile: (732) 517-0820

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JUSTICE FOR CYPRUS COMMITTEE
Polykarpos F. Kyriacou

CULTURAL COMMITTEE
Petros Petrides

PHILANTHROPIC COMMITTEE
Nikos Papaioa

YOUTH COMMITTEE
Nikos Tziazas

August 2, 1999

The Honorable Lincoln Diaz-Balart
United States House of Representatives
Washington, DC
(202) 225-8576

Attention: Jacqueline

FACSIMILE TRANSMISSION

Dear Congressman Diaz-Balart:

The Cyprus Federation of America, Inc., which was established in 1951, is an umbrella organization representing Greek Cypriots in the United States. This year the Federation is organizing a fact-finding trip to Cyprus from August 20 through August 28, 1999.

The purpose of the trip is to enable participants to expand their knowledge and gain a better understanding of the current realities facing Cyprus and its people. The visit to Cyprus will include meetings with His Excellency, Mr. Glafcos Clerides, President of the Republic, the Minister of Foreign Affairs and the Speaker of the House of Representatives as well as tours around the island. Please accept this letter as an official invitation by the Cyprus Federation of America to join other members of the Congress and visit our homeland. You may contact our Executive Vice President, Mr. Tasos Zambas at (212) 978-1150 for additional information.

On behalf of all the members of the Cyprus Federation of America, we extend to you best wishes for success in your endeavors.

Sincerely yours,

Savas C. Tsivicos
President

Honorary Members: Dinos Moushoutas • Past Presidents † Dr. Savvas Zaxariades • † Rev. John Zaharias • † Christos Meccas • † S. Nicholas • † Prassakis Lazaridis • † Christos Papadopoulos • † Miltiades K. Demetriou • † Dr. A. Michaelides • † Loucas Christodoulou • † Paul Pyrros • † Savvas Asteris • Demetre Vavaroides • Dr. Christopher H. Costas • James Orfas, Hon. Consul • Andreas Kannaris • Christopher J. Christodoulou, Th.D. • Philip Christopher • Harry Theofanous • Ambassador Clay Constantinou • Anthony G. Constantinou, CPA • Peter Papanicolaou

PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT

ISSUED BY AmericanAirlines

AADVANTAGE UPGRADE PURCHASE 0
PASSENGER RECEIPT 01 OF 01

DATE OF ISSUE 09AUG1999
ISSUING OFFICE CODE 09101212
IRS AGENT ID OCR 3H8
PLACE OF ISSUE CTO-CAPITAL HILTO

NAME OF PASSENGER (NOT TRANSFERABLE)
DIAZBALART/LINCOLN

AADV 6583LL4 PLATINUM
EXPIRATION DATE 08AUG2000

** AADV UPGRADE DEPOSITED **
08 PURCHASED-TOP TIER UPGRADES

USD 185.20
US 14.80
NA
NA
USD 200.00

FP AX372039534593007 479856

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0 001 0751988960 6

AmericanAirlines

NOT VALID
FOR TRANSPORTATION
NON-REFUNDABLE

NOT VALID
FOR TRANSPORTATION

NOT VALID FOR TRAVEL
0 001 0751988960 6

LINCOLN DIAZ-BALART
21ST DISTRICT, FLORIDA
COMMITTEE ON RULES
CHAIRMAN, COMMITTEE ON RULES AND ORGANIZATION OF THE HOUSE
COMMITTEE ON INTERNATIONAL RELATIONS
(SENIORITY REPUBLICAN)

Congress of the United States
House of Representatives
Washington, DC 20515–0921

PLEASE REPLY TO:
☒ WASHINGTON OFFICE:
404 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-0921
(202) 225-4211
☐ DISTRICT OFFICE:
8625 N.W. 53RD TERRACE
SUITE 102
MIAMI, FL 33166
(305) 470-8566

August 25, 1999

Mr. Tasos Zambas
Executive Vice-President
Cyprus Federation of America, Inc.
1309 Allaire Avenue
P.O. Box 2076
Ocean, New Jersey 07712

Dear Mr. Zambas:

I am enclosing for your review the receipt for Congressman Diaz-Balart's American Airlines upgrade stickers for his trip to Cyprus from August 20-26,1999.

Please review and send a reimbursement check made out to Lincoln Diaz-Balart in the total amount of $200.00. You can mail the check to the following address:

Attn: Jaqueline Stevens
Congressman Diaz-Balart
404 Cannon HOB
Washington, DC 20515

If you have any further questions, please feel free to contact me at (202) 225-4211.

Cordially yours,

Rosario Sierra

CYPRUS FEDERATION OF AMERICA INC. 1238

10-11 19 99 1-216/250

PAY TO THE ORDER OF LINCOLN DIAZ-BALART $200 00/100

two hundred dollars and 00/100 DOLLARS

INTERBANK OF NEW YORK
31-01 BROADWAY / ASTORIA, N.Y. 11106 / (718) 204-9200 / FAX (718) 204-9097

FOR

⑆021602166⑆ 0560008763⑈ 1238

12/97

U.S. House of Representatives

MEMBER/OFFICER TRAVEL DISCLOSURE FORM

This form is for disclosing the receipt of travel expenses from private sources for meetings, speaking engagements, fact-finding trips, or similar events in connection with official duties. You need not disclose government-funded or political travel on this form, or travel that is unrelated to official duties. This form does not eliminate the need to report all privately-funded travel on the annual Financial Disclosure Statements of those persons required to file them. In accordance with House Rule 51, complete this form and file it with the Clerk of the House of Representatives, B-106 Cannon House Office Building, within 30 days after travel is completed. The Clerk shall make these forms available to the public as soon as possible after they are filed. *Provide a good faith estimate of all expenses.*

NAME OF MEMBER OR OFFICER (PRINT OR TYPE): LINCOLN DIAZ-BALART

NAME OF ACCOMPANYING FAMILY MEMBER:

RELATIONSHIP TO MEMBER OR OFFICER (check one): ____ spouse ____ child

TRAVEL: November 19 – November 20, 1999 DATES OF

DATES AT PERSONAL EXPENSE: N/A

DESTINATION(S): Santa Fe, New Mexico

SPONSOR (WHO PAID FOR THE TRIP): The New America Alliance

PURPOSE OF TRIP: To participate as a panelist in a session dedicated to "Hispanic Politics at the Take off point" to inform business leaders about the state of Latino economic, political, and educational issues

TOTAL TRANSPORTATION EXPENSES:

For Member or Officer: $975.00

For accompanying spouse or child:

TOTAL LODGING EXPENSES:

For Member or Officer: $165.86

For accompanying spouse or child:

TOTAL MEAL EXPENSES:

For Member or Officer: $46.95

For accompanying spouse or child:

TOTAL OF ALL OTHER EXPENSES:

For Member or Officer:

For accompanying spouse or child:

I have determined that all of the expenses listed above were necessary and that the travel was in connection with my duties as a Member or Officer of the U.S. House of Representatives and would not create the appearance that I am using public office for private gain.

SIGNATURE OF MEMBER OR OFFICER: DATE:

UNIVISION COMMUNICATIONS INC.
1999 AVENUE OF THE STARS, SUITE 3050
LOS ANGELES, CALIFORNIA 90067
(310) 556-7576
(310) 556-7697 FAX

HENRY G. CISNEROS
PRESIDENT

October 26, 1999

UNIVISION

The Honorable Lincoln Diaz-Balart
United States Congress
404 Cannon House Office Building
Washington, DC 20515

Dear Congressman Diaz-Balart:

Over the last several months an effort has been made to bring together the most successful business people in the American Latino community. The intent is to bring together entrepreneurs whose businesses have revenues in excess of $30 million, top executives of Fortune 1000 companies, and board members of major national corporations. This is an effort designed to enable the unified force of Latino business leaders to expand opportunities for the larger Latino community. It is an unprecedented effort to leverage investment in Latino economic, political, and human capital.

The group is to be known as the New America Alliance, and it will hold its first gathering in Santa Fe, NM, the weekend of November 19-21. I have been asked to head a committee which is organizing the program for this event and am proposing sessions at which the assembled business leaders will hear from our most informed leaders about the state of Latino economic, political, and educational progress.

I would like to ask you to participate as a panelist in a session dedicated to "Hispanic Politics at the Take-off Point". Your session would occur at a panel discussion, at 7:30pm on November 19th. I have attached a proposed agenda so that you may review the context in which your session will occur. I have reviewed the proposed agenda and proposed speakers with the Board of the New America Alliance, and they concur that your participation will be invaluable. The New America Alliance will pay your expenses and a modest stipend.

I sincerely believe this is an extraordinary opportunity for all who participate. It is an unprecedented gathering of the most prominent Latino business leaders in the nation. As such, it will expose these business leaders to the most important developments in our community and help them determine how business people can be of the most assistance. For the presenters, it is an excellent opportunity to present ideas and

causes to a group which should have the ability to move those initiatives forward in the years to come.

I hope your schedule allows you to participate. A follow up call to your office will come from Bruce Wardle, whose organization, Association Management Group, is staffing the New America Alliance and organizing this Santa Fe conference. If your scheduling staff would like to communicate with Mr. Wardle concerning the details of this meeting, please feel free to call him at (703) 610-9000

Sincerely,

Henry Cisneros

Henry G. Cisneros
President & COO
Univision Communications Inc.

7921 JONES BRANCH DR SU 390 DAMG
MCLEAN VA 703 556-9010 INVOICE: 100001222 PAGE

19 NOV FR	CONTINENTAL MIAMI HOUSTON/INTCO	FLIGHT: 1523 DEPART: 915A ARRIVE: 1059A	CLASS: H	S
19 NOV FR	CONTINENTAL HOUSTON/INTCO ALBUQUERQUE	FLIGHT: 1245 DEPART: 1149A ARRIVE: 1256P	CLASS: H	S
20 NOV SA	CONTINENTAL ALBUQUERQUE HOUSTON/INTCO	FLIGHT: 1464 DEPART: 925A ARRIVE: 1224P	CLASS: H	

CALL 1 800 331-5601 MON-FRI 8:30AM-6:00PM EST DIRECT TO QUALITY TRAVEL TICKET: 0051584279897
EMERGENCY====AFTER HOURS ONLY====CALL 1 800 358-1073 FARE: USD975.00

CLIENT: DIAZBALART/LINCOLN REP PAGE:02

20 NOV SA	CONTINENTAL HOUSTON/INTCO MIAMI	FLIGHT: 1520 DEPART: 119P ARRIVE: 444P	CLASS: H	

PASSENGER TICKET AND BAGGAGE CHECK DAMG 100001222 01 AMGX 645 27772
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

ETKT PASSENGER RECEIPT SITI [redacted]

ARC [redacted]

CONTINENTAL AIRLINES [redacted] A49552613 DIAZBALART/LINCOLN REP
QUALITY TRAVEL SVC MCLEAN VAUS 9NOV99 MIAIAHCO1523 H19NOV
DIAZBALART/LINCOLN REP VCTW7C/1V HA7 0 5880/ XIAHABQCO1245 H19NOV
[redacted]NOT VALID FOR [redacted] THIS IS YOUR RECEIPT ABQIAHCO1464 H20NOV
[redacted]TRANSPORTATION[redacted] J1YSH XIAHMIACO1520 H20NOV

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STOCK CONTROL NO. 73 [redacted]	56299446453
DOCUMENT NUMBER	0 005 1584279897 3
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ASSOCIATION MANAGEMENT GROUP
8201 GREENSBORO DRIVE STE 300
MCLEAN VA 22102

ITINERARY

JACKIE STEVENS
404 CANNON HOB
WASHINGTON DC 20515

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19 NOV 99 FRIDAY	CONTINENTAL LV:MIAMI SEAT:23C	1523	COACH CLASS CONFIRMED 915A AR:HOUSTON/INTCON SNACK	MILES- 964 1059A
	CONTINENTAL LV:HOUSTON/INTCON SEAT:17D	1245	COACH CLASS CONFIRMED 1149A AR:ALBUQUERQUE	MILES- 744 1256P
20 NOV 99 SATURDAY	CONTINENTAL LV:ALBUQUERQUE SEAT: 7C	1464	COACH CLASS CONFIRMED 925A AR:HOUSTON/INTCON	MILES- 744 1224P
	CONTINENTAL LV:HOUSTON/INTCON SEAT:14D	1520	COACH CLASS CONFIRMED 119P AR:MIAMI	MILES- 964 444P

20 DEC 99 - MONDAY
TOUR

THANK YOU FOR YOUR BUSINESS

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		SERVICE FEE		20.00
		CREDIT CARD PAYMENT		995.00-
		AMOUNT DUE		0.00

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This travel agency represents, and is the agent for, certain carefully selected carriers, transportation companies, tour operators, hotels, wholesalers, and service companies, all of which are disclosed principals and independent contractors. This travel agency is not responsible for any negligent act or omission by any of these organizations.

Thank you for choosing La Posada de Santa Fe Spa & Resort as your hotel of choice in Santa Fe. Please review the information in this letter and call us if you have any questions.

LINCOLN DIAZ BALART
404 CANNON HOB
WASHINGTON, DC 20515

Reservation #: 14264
Arrival Date: 11/19/99
Departure Date: 11/20/99

Adults/Children: 1/ 0
Unit Number:

Thank you for your deposit. We will gladly refund your deposit if you cancel at least 72 hours prior to your arrival.
Based on your reservation, the charges for your stay are:

Room Charge:	149.00
Misc. Charge:	0.00
Tax:	16.86
TOTAL CHARGE:	165.86
DEPOSIT:	0.00
BALANCE:	165.86

There are many different things to see and do in Santa Fe! We will be glad to assist you in planning activities and entertainment for you to enjoy during your stay. Please call Guest Services at 1-800-727-5276.

Check-in time is 3PM and check-out time is noon. We offer express check-out for your convenience and late arrivals are guaranteed.

Spa and parking charges are not reflected in the totals above.

We look forward to seeing you on Fri, Nov 19, 1999 .

330 East Palace Avenue | Santa Fe | New Mexico | 87501
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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
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HOUSE OF REPRESENTATIVES

Jay W. Dickey, Jr.
(Full Name)

#47 Southern Pines, Pine Bluff, AR 71603 (202) 225-3772
(Mailing Address) Daytime Telephone

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives — State: Arkansas District: 4th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? If yes, complete and attach Schedule VII.	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	[signature]	6/9/00

Name Jay W. Dickey, Jr. | Page 2 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: $1,000,001 – $5,000,000	I: $5,000,001 – $25,000,000	J: $25,000,001 – $50,000,000	K: Over $50,000,000	L	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: $1,000,001 – $5,000,000	X: Over $5,000,000	XI	Block E: P, S, or E
SP, DC, JT	*Examples:* SP Mege Corp. Stock						X								X										X									P
	Examples: Simon & Schueler			Indefinite																	Royalties										X			
	Examples: 1st Bank of Paducah, KY accounts						X										X									X								
	Dickey Real Estate PA Stock								X							X					SCorp PassThru							X						
	Leashold Int. in Cottage Ludington, Michigan						X									X										X								
	Self Directed IRA with Raymond James & Assoc, Inc.																																	
	- 1,488Shares WalMart Stores, Inc.						X								X									X										
	- Heritage Cash Trust			X													X						X											
	Land at 512 W. 27th Pine Bluff, Arkansas		X															X										X						S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jay W. Dickey, Jr.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	1/4 Interest in Land/Bldg.					X									X											X							
	5th & Chestnut																																
	~~Pine Bluff, AR~~																																
	1.82 Acres - Lot at					X															X												
	Blake & Mitchell Streets																																
	Pine Bluff, AR																																
	1/4 Interest in 5 Acres at			X																	X												
	HWY 15 South																																
	Pine Bluff, AR																																

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Jay W. Dickey, Jr.

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	Land at 512 W. 27th, Pine Bluff, AR		X		7/30/99				X						

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Fred & Mrs. Russell Condray Pine Bluff, AR	Unsecured Note *			X							
	Simmons Line of Credit Pine Bluff, AR	Unsecured Note		X								
	Simmons Line of Credit Pine Bluff, AR	Secured by Assignment of Rent		X								
	Bank of Star City Star City, AR	Unsecured Note *		X								
	Dickey Real Estate, PA Pine Bluff, AR	Unsecured Note					X					

* Balance at 12/31/99 is 0.00

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Dickey Real Estate, P.A.
Director	GRQ, Inc.
Director	JWDJR, Inc.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999	Form A For use by Members, officers, and employees

RECEIVED
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HOUSE OF REPRESENTATIVES
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NORMAN D. DICKS
(Full Name)

2467 RAYBURN HOB
(Mailing Address)

WASHINGTON DC 20515 — Daytime Telephone: 202-225-5916

Filer Status	[X] Member of the U.S. House of Representatives	State: WA District: 06	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	X	
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**		X
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**		X
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**		X
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?		X
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?		X

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Norman D. Dicks	12/5/2000

Name NORMAN D. DICKS | Page 1 of 5

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	US CAPITOL HISTORICAL SOCIETY	SPOUSE	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A seperete confidential list of charities receiving such payments must be filed directly with the Committe on Stendards of Official Conduct. An envelope for transmitting the list is included in each Member's filing peckege.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wesh., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$ 500
	PRESTON GATES ELLIS & ROUVELAS MEEDS, Washington, DC	GUEST SPEAKER	JUNE 15, 1999	$1,000.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT	*Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
SP	Massachusetts Mutual Life Ins, Springfield, MA IRA	$15,001 - $50,000	NA	NA	NA
	Massachusetts Mutual Life Ins, Springfield, MA IRA	$15,001 - $50,000	NA	NA	NA
SP	Lincoln Life, P.O. Box 2340, Fort Wayne, IN 46801 Annuity	$15,001 - $50,000	NA	NA	NA
	Allianz Life Ins of North America, Minneapolis, MN IRA	$1,001 - $15,000	NA	NA	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Allianz Life Ins of North America, Minneapolis, MN IRA	$1,001 - $15,000	NA	NA	NA
	Wright Patman CFCU, Washington, DC account	$15,001 - $50,000	Dividends	$201 - $1,000	NA
	Legg Mason Mutual Funds- Value Trust, Legg Mason Wood Walker Inc, Washington, DC	$15,001 - $50,000	Capital Gains	$201 - $1,000	P
	1998 dependent child is now independent	None	NA	None	NA

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	Allianz Life Ins of North America, Minneapolis, MN to Massachusetts Mutual Life Ins, Springfield, MA - IRA	Exchange	5-13-99	$1,001 - $15,000
SP	Allianz Life Ins of North America, Minneapolis, MN to Massachusetts Mutual Life Ins, Springfield, MA - IRA	Exchange	5-13-99	$1,001 - $15,000
	Legg Mason Mutual Fund-Value Trust-Legg Mason Wood Walker Inc, Washington, DC	Purchase	1-25-99	$15,001 - $50,000
	Legg Mason Mutual Fund-Alliance Premier Growth Fund, Legg Mason Wood Walker Inc, Washington, DC	Purchase	1-25-99	$15,001 - $50,000
	Legg Mason Mutual Fund-Alliance Premier Growth Fund, Washington, DC	Sold -(NO GAIN)	5-6-99	$15,001 - $50,000

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

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(Office Use Only)
11

John D. Dingell
(Full Name)

2328 Rayburn H.O.B.
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-4071

Filer Status	[X] Member of the U.S. House of Representatives	State: MI District: 16	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [X]	No [ ]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (see 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John D. Dingell	5/15/00

1495

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	General Motors Corporation	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$ 500
	Skadden, Arps, Slate, Meagher & Flom, Washington, DC	Speech	Feb. 22, 1999	$2,000.00
	American Society of Anesthesiologists, Washington, DC	Speech	April 28, 1999	$1,500.00
	Council for Capital Formation, Washington, DC	Speech	October 13, 1999	$2,000.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock SP 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	Smith Barney Appreciation Fund CL B	$1 - $1,000	Capital Gains and Dividends	$201 - $1,000	
JT	Smith Barney Money Funds Cash Port CL A	$1,001 - $15,000	Dividends	$1 - $200	
	Balcor Equity Pension Investors	None	Dividends	None	
JT	Smith Barney Appreciation Fund CL A	$50,001 - $100,000	Capital Gains and Dividends	$5,001 - $15,000	
	Bergstrom Cap Corp	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	
	Vista Mutual Fund Group Growth & Income Fund	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	S

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Nicholas Fund, Inc	$50,001 - $100,000	Capital Gains and Dividends	$5,001 - $15,000	
	Acorn Investment Trust	$50,001 - $100,000	Capital Gains and Dividends	$5,001 - $15,000	
	Gabelli Asset Fund	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	
JT	First Union Bank	$100,001 - $250,000	Interest	$1,001 - $2,500	
SP	Bank One (formerly known as National Bank of Detroit)	$1,001 - $15,000	Interest	$1 - $200	
JT	General Electric Co	$50,001 - $100,000	Dividends	$201 - $1,000	
SP	General Mills Inc	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	General Motors Corp	$100,001 - $250,000	Dividends	$2,501 - $5,000	
SP	General Motors Corp CL H	$15,001 - $50,000	Dividends	None	
SP	Marsh & McLennan Cos Inc	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	Pepsico Inc	None	Dividends	$201 - $1,000	S
SP	Praxair Inc	$1,001 - $15,000	Dividends	$1 - $200	
SP	Procter & Gamble Co	$15,001 - $50,000	Dividends	$201 - $1,000	
JT	Congressional Federal Credit Union	$1,001 - $15,000	Interest	$1 - $200	
SP	General Motors Deferred Savings Program	$500,001 - $1,000,000	Interest	None	
SP	General Motors Pension Fund	None	Dividends	None	
	GAM International Fund	$15,001 - $50,000	Dividends	None	
	UTS Equity Income Fund Dow 98-C	None	Dividends	$201 - $1,000	S
	UTS Uncommon Values TR #98 A	$15,001 - $50,000	Dividends	$201 - $1,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Autonation Inc. (formerly known as Republic Industries Inc.)	None	Dividends	None	S
	Seagate Technology Inc.	None	Dividends	None	S
SP	UTS GMAC Def Int Deb-Princpl	$1,001 - $15,000	Dividends	None	
	Adams Express Co Maryland	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	P
	FPA Capital Fund Inc	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	
	Raytheon Co Class B	None	Dividends	$1 - $200	S
SP	Bristol Myers Squibb Co	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	P
	UTS Equity Income Fund Dow 99-C (rolled over from UTS Equity Income Fund Dow 98-C)	$15,001 - $50,000	Dividends	None	
JT	Kent Hospital Fin Auth Mich Bond	$50,001 - $100,000	Interest	$1,001 - $2,500	P
	Fannie Mae Remic	$1,001 - $15,000	Interest	$201 - $1,000	
JT	Davis New York Venture Fund	$100,001 - $250,000	Capital Gains and Dividends	$1,001 - $2,500	P
	Seligman Frontier Fd Inc	None	Capital Gains and Dividends	None	S
	Salomon Bros Fund Inc	$15,001 - $50,000	Capital Gains and Dividends	$2,501 - $5,000	
JT	Dodge and Cox Stock Fund	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	
	Heartland Value Fund	$15,001 - $50,000	Capital Gains and Dividends	$1 - $200	
JT	Mutual Qualified	$100,001 - $250,000	Capital Gains and Dividends	$5,001 - $15,000	
	Mutual Shares	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
SP	PBHG	None	Dividends	None	S

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Mutual Beacon	$15,001 - $50,000	Capital Gains and Dividends	$2,501 - $5,000	
SP	Electronic Data Sys Corp New	$50,001 - $100,000	Dividends	$201 - $1,000	
SP	AIM Aggressive Growth Fund Class A	$1,001 - $15,000	Capital Gains	$201 - $1,000	
JT	Brandywine Fund Inc	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	
JT	The Torray Fund	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
	Orion Capital Corp	None	Dividends	$1 - $200	S
	SBC Communications Inc	None	Dividends	$201 - $1,000	S
SP	Smith Barney Municipal Money Market Fund	$50,001 - $100,000	Dividends	$2,501 - $5,000	
SP	Wal-Mart Stores Inc	$15,001 - $50,000	Dividends	$1 - $200	
SP	Apple Computer Inc	$15,001 - $50,000	Dividends	None	
SP	Raytheon Co Class A	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Tricon Global Restaurants	None	Dividends	None	S
SP	General Motors Corp Stock Options	$1,000,001 - $5,000,000	Dividends	None	
SP	Motorola	$1,001 - $15,000	Dividends	$1 - $200	
SP	Legg Mason Value Trust	$50,001 - $100,000	Capital Gains	$1,001 - $2,500	P
JT	Alliance Premier Growth FD	$15,001 - $50,000	Capital Gains	$1,001 - $2,500	P
SP	Broadwing Inc	$15,001 - $50,000	Dividends	None	P
JT	Citigroup Inc	$15,001 - $50,000	Dividends	None	P
SP	Delphi Automotive Systems Corp (spun off from GM)	$15,001 - $50,000	Dividends	$1 - $200	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	EMC Corp - Mass	$15,001 - $50,000	Dividends	None	P
SP	Ingersoll Rand Co	$1,001 - $15,000	Dividends	None	P
JT	MCI Worldcom Inc	$15,001 - $50,000	Dividends	None	P
SP	Pfizer Inc	$1,001 - $15,000	Dividends	$1 - $200	P
SP	Tyco International LTD	$1,001 - $15,000	Dividends	None	P
	Compaq Computer Corp	$1,001 - $15,000	Dividends	$1 - $200	P
	Merck & Co Inc	$1,001 - $15,000	Dividends	$1 - $200	P

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of tha transaction exceedad $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is ranted out

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
JT	Kent Hospital Fin Auth Michigan RV VAR RFDG Spectrum Bond	Purchase	1-19-99	$50,001 - $100,000
SP	Bristol Myers Squibb Co	Purchase	7-14-99	$1,001 - $15,000
SP	Broadwing Inc	Purchase	9-18-99 to 11-18-99	$1,001 - $15,000
JT	Citigroup Inc	Purchase	11-18-99	$15,001 - $50,000
SP	EMC Corp - Mass	Purchase	9-8-99	$15,001 - $50,000
SP	Ingersoll Rand Co	Purchase	11-8-99	$1,001 - $15,000
JT	MCI Worldcom Inc	Purchase	9-8-99 to 9-23-99	$15,001 - $50,000
SP	Pfizer Inc	Purchase	7-14-99	$1,001 - $15,000
SP	Tyco International LTD	Purchase	11-18-99	$1,001 - $15,000
SP	Pepsico Inc	Sold	9-8-99	$15,001 - $50,000
SP	Tricon Global Restuarants Inc	Sold	9-8-99	$1,001 - $15,000
SP	Autonation, Inc	Sold	11-18-99	$1,001 - $15,000
	Compaq Computer Corp	Purchase	6-24-99	$1,001 - $15,000
	Merck & Co Inc	Purchase	1-28-99	$1,001 - $15,000
	Adams Express Co Maryland	Purchase	11-22-99	$1,001 - $15,000
	UTS Equity Income Fund Dow 98-C	Sold	10-4-99	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	Orion Capital Corp	Sold	9-9-99	$1,001 - $15,000
	SBC Communications Inc	Sold	9-23-99	$15,001 - $50,000
	Seagate Technology Inc DE	Sold	1-28-99	$1,001 - $15,000
	Seligman Frontier FD Inc	Sold	4-29-99	$1,001 - $15,000
SP	PBHG	Sold	2-2-99 to 3-19-99	$15,001 - $50,000
JT	Alliance Premier Growth Fd	Purchase	4/29/99 to 9/8/99	$15,001 - $50,000
	Raytheon Co Class B	Sold	11/18/99	$1,001 - $15,000
JT	Davis New York Venture Fund Inc	Purchase	7/14/99	$1,001 - $15,000
JT	Vista Mutual FD Group Growth & Income FD	Sold	9/9/99	$1,001 - $15,000
SP	Legg Mason Value Trust	Purchase	3/10/99	$15,001 - $50,000
	Raytheon Co Class B	Purchase	1/20/99	$1,001 - $15,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Greater Detroit Chamber of Commerce	June 2-5, 1999	Detroit, MI to Mackinac Island, MI to Detroit, MI	Y	Y	N	n
Skadden, Arps, Slate, Meagher & Flom	February 19-22, 1999	Detroit, MI to Ft. Myers,FL to Washington, DC	Y	Y	Y	1 day
Aspen Institute	March 19-21, 1999	Washington, DC to Hershey, PA	Y	Y	Y	no
American Medical Association	March 21-22, 1999	Hershey, PA to Phoenix, AZ to Washington, DC	Y	Y	N	no
Michigan Association of Broadcasters	September 10-12, 1999	Detroit, MI to Mackinac, MI to Washington, DC	Y	Y	Y	no

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

JULIAN C. DIXON
(Full Name)

2252 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: (202) 225-7084

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 32	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**		X
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?		X
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?		X

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CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/12/00

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
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	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Mir Kanon/Peideau, Inc., Los Angeles, CA	Spouse Salary/Director Fees/Consulting Fee	NA
	Lanta Concessions , Atlanta, GA	Spouse Director Fees	NA
	Concourse Gift & News, Inc. dba Concourse Concessions, Inc. , Los Angeles CA	Spouse Salary/Dividends	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name JULIAN C. DIXON | Page 3 of 7

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description iin this block.	BLOCK D **Amount of Income** For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
	SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	Industrial Bank of Washington, D C.	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Mir Kanon/Peideau, Inc. (11.104%) (Business: Retail, Los Angeles, CA)	$250,001 - $500,000	Dividends	$100,001 - $1,000,000	
	Merrill Lynch Investment Acct. (Money Market acct)	$500,001 - $1,000,000	Interest	$50,001 - $100,000	P
	IRA - Merrill Lynch, Pierce, Fenner & Smith - Self (Not self directed)	$15,001 - $50,000	Dividends	$5,001 - $15,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	IRA - Merrill Lynch, Pierce, Fenner & Smith - Spouse (Not self directed)	$15.001 - $50.000	Dividends	$5.001 - $15.000	
	1299 Delaware Ave., SW, Washington, DC	$100.001 - $250.000	Rent	$5.001 - $15.000	
	Fidelity Fed. Bank, Culver City, CA - CDs & checking	$15.001 - $50.000	Interest	$2.501 - $5.000	
	5 Rare Coins	$1.001 - $15.000	N/A	None	
SP	Concourse Gift & News, Inc. dba Concourse Concessions, Inc. (Business: Retail, Los Angeles, CA)	$500.001 - $1.000.000	Sales of Merchandise	$100.001 - $1.000.000	
SP	Lanta Concessions, Inc. (Business: Retail, Atlanta, GA)	$100.001 - $250.000	N/A	None	
SP	8701 Chessington Dr., Inglewood, CA	$100.001 - $250.000	N/A	None	
SP	Lanta Concessions - Note Receivable	$100.001 - $250.000	N/A	None	
	National Credit Union Savings Acct.	$1.001 - $15.000	Interest	$1 - $200	

Name JULIAN C. DIXON | Page 5 of 7

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	Merrill Lynch Invest. Accout. (Money Market acct.)	Purchase	Multiple throughout year	$100.001 - $250.000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del	$100,001 - $250,000
	Susquehanna Bank, Baltimore, MD (note bought from First Nationwide)	Mortgage on 1299 Delaware Ave., SW, Wash, DC	$100,001 - $250,000
SP	South Trust Bank of GA	Business Investment	$100,001 - $250,000
SP	First Nationwide	Mortgage on 8701 Chessington Dr., Inglewood, CA	$100,001 - $250,000
	Loan against ML Money Market Cash Account Assets	Home Improvement	$50,001 - $100,000
SP	1st Union Bank of GA	Business Investment	$100,001 - $250,000

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Board Member	CBC Foundation
President (spouse)	Peideau, Inc.
President (spouse)	Concourse Gift & News, Inc. dba Concourse Concessions, Inc.
VP/Secretary/COO (spouse)	Lanta Concessions, Inc.
Trustee (spouse)	Otis Institute of Art & Design
Trustee (spouse)	Hugh O'Brien Youth Foundation (HOBY)
Director (spouse)	Mir Kanon

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Lloyd Doggett
(Full Name)

1200 Baylor, #401
(Mailing Address)

Austin TX 78703

Daytime Telephone: 202-225-4865

Filer Status	[X] Member of the U.S. House of Representatives	State: TX District: 10	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependant child?	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Lloyd Doggett	5/11/00

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Name Lloyd Doggett | Page 1 of 23

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Exemples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U.S. Department of Education	Spouse Salary	NA
	Texas ERS	Annuity	$33,752.00
	National Head Start Association	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A Asset and/or Income Source	BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more then $200 in "unearned" income during tha year. For rental property or land, provide en address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name tha inetitution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the inatruction booklet for the reporting year. Excluds: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposita totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify tha method used. If en asset was sold and is included only because it generated income, the value ahould be "None."	If other than one of the listed categories, apecify the type of income by writing a brief description lin this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicata the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP Mega Corp. Stock SP 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
6734 Spicewood Springs, Austin, TX	$250,001 - $500,000	Rent	$15,001 - $50,000	
Lohman's Ford Crossing Rd., Travis Co., TX	$15,001 - $50,000	.	None	
1510 Ullrich, Austin, TX (1/4)	$15,001 - $50,000	Rent	$201 - $1,000	
508 Gatetree, Austin, TX (1/4)	$15,001 - $50,000	Rent	$201 - $1,000	
3800 Kennelwood, Austin, TX	$100,001 - $250,000	.	None	
21.12 Acres, Northern Dona Ana Cty., NM (1/24 interest)	$1,001 - $15,000	Rent	$1 - $200	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	220 N. Mesa, El Paso, TX (1/12 interest)	$15,001 - $50,000	Rent	$1,001 - $2,500	
	711 N. Piedras, El Paso, TX (1/12 interest)	$1,001 - $15,000	Rent	$201 - $1,000	
	Mineral Interest, McFarland Tract, Ward Co., TX	$1,001 - $15,000	Royalty	$1 - $200	
	Maytag Corp	None	Interest	$5,001 - $15,000	Redemption
	Call AT&T Corp	None	Option Contract Price	$1,001 - $2,500	
	Call Intel	None	Option Contract Price	$2,501 - $5,000	
	Call Williams Companies	None	Option Contract Price	$1,001 - $2,500	
	Call Pfizer Inc	None	Option Contract Price	$1,001 - $2,500	
	Call Schlumberger LTD	None	Option Contract Price	$201 - $1,000	
	Call MBNA Corp	None	Option Contract Price	$201 - $1,000	
	Call Xerox Corp	None	Option Contract Price	$2,501 - $5,000	
	Call Electronic Data	None	Option Contract Price	$201 - $1,000	
	Call Fedl Home Ln Mtg	None	Option Contract Price	$1,001 - $2,500	
	Call Disney Walt	None	Option Contract Price	$201 - $1,000	
	Call Merck & Co	None	Option Contract Price	$1,001 - $2,500	
	Call ADC Telecomms	None	Option Contract Price	$1,001 - $2,500	
	Call Assoc First Cap	None	Option Contract Price	$2,501 - $5,000	
	Call Federal Home Ln Mtg	None	Option Contract Price	$1,001 - $2,500	
	Call MCI Worldcom	None	Option Contract Price	$1,001 - $2,500	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Call Lexmark Intl Group	None	Option Contract Price	$2,501 - $5,000	
	Call Merck & Co Inc	None	Option Contract Price	$201 - $1,000	
	Call Micron Tech Inc	None	Option Contract Price	$1,001 - $2,500	
	Call Intel Corp	None	Option Contract Price	$1,001 - $2,500	
	Call Cisco Sys Inc	None	Option Contract Price	$1,001 - $2,500	
	CallAlliedsignal Inc	None	Option Contract Price	$201 - $1,000	
	Call Electronic Data	None	Option Contract Price	$2,501 - $5,000	
	Call Micron Tech Inc	None	Option Contract Price	$1,001 - $2,500	
	Call First Data Corp	None	Option Contract Price	$1,001 - $2,500	
	Call Xerox Corp	$1,001 - $15,000	Option Contract Price	$1,001 - $2,500	
	Call Hewlett-Packard Co	None	Option Contract Price	$1,001 - $2,500	
	Call Guidant Corp	None	Option Contract Price	$2,501 - $5,000	
	Call MCI Worldcom	None	Option Contract Price	$2,501 - $5,000	
	Call Kimberly-Clark Corp	None	Option Contract Price	$201 - $1,000	
	Call EMC Corp	None	Option Contract Price	$1,001 - $2,500	
	Great Hall Money Market Shares	$100,001 - $250,000	Dividends	$5,001 - $15,000	P
	Nuveen Bond Fund Shares	$1,001 - $15,000	Dividends	$201 - $1,000	
	Invesco Small Co. Growth	$100,001 - $250,000	Dividends	$15,001 - $50,000	P
	Janus Twenty Fund Shares	$15,001 - $50,000	Dividends	$1,001 - $2,500	P

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Price Science and Tech Shares	$500,001 - $1,000,000	Dividends	$50,001 - $100,000	P
	Oakmark, Int. Shares	$100,001 - $250,000	Dividends	$5,001 - $15,000	P
	Vanguard International Value	None	Dividends	$1 - $200	S
	Vanguard Municipal Bond Fund MM	$100,001 - $250,000	Dividends	$201 - $1,000	P AND S
	Charles Schwab Tax Exempt MM	$500,001 - $1,000,000	Dividends	$15,001 - $50,000	P
	Heartland Value Plus Shares	$250,001 - $500,000	Dividends	$2,501 - $5,000	P
	Selected American Shares	$50,001 - $100,000	Dividends	$2,501 - $5,000	P AND S
	Vanguard Primecap Shares	$250,001 - $500,000	Dividends	$15,001 - $50,000	P
	Mutual of America 403B	$100,001 - $250,000	Dividends	$1,001 - $2,500	P
	Janus Overseas	$100,001 - $250,000	Dividends	$201 - $1,000	P
	Invesco Balanced Fund	$100,001 - $250,000	Dividends	$5,001 - $15,000	P
	Warburg Pincus Cap Apprec Fund	$100,001 - $250,000	Dividends	$5,001 - $15,000	P
	American Century 20th Ultra Shares	$100,001 - $250,000	Dividends	$2,501 - $5,000	P
	Franklin Mutual Shares Fund	$100,001 - $250,000	Dividends	$5,001 - $15,000	P
	Vanguard Convertible Shares	$500,001 - $1,000,000	Dividends	$15,001 - $50,000	
	Vanguard FIS LT Corp Shares	$500,001 - $1,000,000	Dividends	$50,001 - $100,000	P
	Vanguard US Growth Shares	$1,000,001 - $5,000,000	Dividends	$50,001 - $100,000	P
	Oppenheimer Multisector Shares	$1,001 - $15,000	Dividends	$1,001 - $2,500	P
	Vanguard Growth Index Fund	$100,001 - $250,000	Dividends	$2,501 - $5,000	P

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Weitz Value Fund	$100,001 - $250,000	Dividends	$5,001 - $15,000	P
	Compass Bank	$15,001 - $50,000	Interest	$201 - $1,000	
	Congressional Federal Credit Union	$50,001 - $100,000	Interest	$2,501 - $5,000	
	Guaranty Federal Savings, Austin	$1,001 - $15,000	Interest	$201 - $1,000	
	TIAA-CREF Retirement	$1,001 - $15,000	Interest	$1 - $200	
	AT&T Corp	$50,001 - $100,000	Dividends	$201 - $1,000	P
	Honeywell Int (was Allied Signal)	$15,001 - $50,000	Dividends	$201 - $1,000	P AND S
	Bank One Corp	$15,001 - $50,000	.	$201 - $1,000	
	Burlington Nthn Santa Fe	$1,001 - $15,000	Dividends	$1,001 - $2,500	
	Broadwing (was IXC Communications)	$50,001 - $100,000	Dividends	None	P
	Chevron Corporation	$15,001 - $50,000	Dividends	$201 - $1,000	
	Coca Cola Company	$50,001 - $100,000	Dividends	$201 - $1,000	
	Gold Fields (was Driefontein Cons Sp Adrf)	$1 - $1,000	Dividends	$1 - $200	
	E E X Corporation	$1,001 - $15,000	.	None	P
	Edwards A G Inc Holding	$1,001 - $15,000	Dividends	$201 - $1,000	
	El Paso Electric Co	$1 - $1,000	.	None	
	Electronic Data Sys Corp	$15,001 - $50,000	Dividends	$1 - $200	
	Exxon Mobil Corporation	$50,001 - $100,000	Dividends	$1,001 - $2,500	P
	GTE Corporation	$15,001 - $50,000	Dividends	$201 - $1,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	General Motors Corp	$1,001 - $15,000	Dividends	$201 - $1,000	
	General Mtrs CP CL H New	$1,001 - $15,000	.	None	
	International Paper Co	$1,001 - $15,000	Dividends	$201 - $1,000	
	Intl Business Machines	$100,001 - $250,000	Dividends	$201 - $1,000	
	Johnson & Johnson	$15,001 - $50,000	Dividends	$1 - $200	
	K Mart Corporation	$1,001 - $15,000	.	None	
	Delphi Automotive (GM spinoff)	$1,001 - $15,000	Dividends	$1,001 - $2,500	
	Lucent Technologies Inc	$15,001 - $50,000	Dividends	$1 - $200	
	Merck & Co Inc	$100,001 - $250,000	Dividends	$1,001 - $2,500	P
	Newmont Mining Corp	$1,001 - $15,000	Dividends	None	P
	NCR Corp New	$1,001 - $15,000	Dividends	None	
	Royal Ditch Guilderf	$15,001 - $50,000	Dividends	$201 - $1,000	P
	PPG Industries Inc	$50,001 - $100,000	Dividends	$1,001 - $2,500	P
	Nabors Industries Inc. (merged with Pool Energy Services Co)	$1,001 - $15,000	.	None	
	Raytheon Co New Cl A	$1,001 - $15,000	Dividends	$1 - $200	
	SBC Communications Inc	$15,001 - $50,000	Dividends	$201 - $1,000	
	TXU (was Texas Utilities Co)	$1,001 - $15,000	Dividends	$201 - $1,000	
	Waste Management Inc Del	$15,001 - $50,000	Dividends	$1 - $200	
	Whole Foods Inc Mkt Inc	$100,001 - $250,000	.	None	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Alcatel	$15,001 - $50,000	Dividends	$1 - $200	
	Associates First Cap	$15,001 - $50,000	Dividends	$201 - $1,000	
	Barrett Resources Corp	$1,001 - $15,000	.	None	
	Bayard Drilling Techs	None	.	None	S
	Boeing Co	$15,001 - $50,000	Dividends	$201 - $1,000	
	Boston Scientific Corp	None	.	None	S
	CBS Corporation	None	.	None	S
	Cisco Systems	$50,001 - $100,000	.	None	P
	Cross Timbers Oil Co	$1 - $1,000	Dividends	$1 - $200	
	Disney Walt	$1,001 - $15,000	Dividends	$1 - $200	
	Fedl Home Loan Mtg Corp	$15,001 - $50,000	Dividends	$201 - $1,000	
	First Data Corp	None	Dividends	$1 - $200	S
	Hewlett-Packard Company	None	Dividends	$1 - $200	S
	Input/Output Inc	None	.	None	S
	Intel Corp	$50,001 - $100,000	Dividends	$1 - $200	P AND S
	Kimberly Clark Corp	None	Dividends	$201 - $1,000	S
	Micron Technology	$15,001 - $50,000	.	None	
	Noble Drilling Corp	$50,001 - $100,000	.	None	
	Koninklijke Philips	$15,001 - $50,000	Dividends	$2,501 - $5,000	S

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Ocean Energy	$1,001 - $15,000	.	None	S
	Oracle Corp	$50,001 - $100,000	.	None	
	Philips Electronics NV	None	Dividends	$1,001 - $2,500	S
	R&B Falcon Corp	None	.	None	S
	Schlotzskys Inc	$15,001 - $50,000	.	None	
	El Paso Energy (Sonat Corporation)	$15,001 - $50,000	Dividends	$201 - $1,000	
	TCF Financial Corp	$1,001 - $15,000	Dividends	$201 - $1,000	
	Tidewater Inc	$50,001 - $100,000	Dividends	$201 - $1,000	
	Transocean Sedco Forex Inc (Distribution)	$1,001 - $15,000	.	None	Spinoff
	Xerox Corp	$15,001 - $50,000	Dividends	$201 - $1,000	
	YPF Sociedad Anonima	None	Dividends	$201 - $1,000	S
	Guidant Corp	$15,001 - $50,000	Dividends	$1 - $200	P
	ADC Telecommunications Inc	$15,001 - $50,000	Dividends	None	P AND S
	Cisco Sys Inc	$50,001 - $100,000	Dividends	$1 - $200	
	Citigroup Inc	$15,001 - $50,000	Dividends	$1 - $200	
	Cypress-Frbnks TX Indep School District Due 2/15/06	$1,001 - $15,000	Interest	$201 - $1,000	
	Fort Bend TX Indep School District Due 2/15/03	$1,001 - $15,000	Interest	$201 - $1,000	
	Houston TX Indep School District Due 8/15/11	$1,001 - $15,000	Interest	$1 - $200	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Lewisville TX Indep School District Due 8/15/07	$15,001 - $50,000	.	None	
	INSD MUN INCM TR SR 86 Semi Annual	$1,001 - $15,000	Dividends	$201 - $1,000	
	INSD MUN INCM TR UNIT SR 200	$1,001 - $15,000	Dividends	$1,001 - $2,500	
	INSD MUNI INCM TR SER 240	$1,001 - $15,000	Dividends	$1 - $200	
	TX INSD MUNI INCM TR SER 31	$1,001 - $15,000	Dividends	$201 - $1,000	
	New Urban Partners Ltd	$1,001 - $15,000	.	None	
	Janus Fund	$100,001 - $250,000	Dividends	$15,001 - $50,000	P
	EMC Corporation	$50,001 - $100,000	Dividends	None	
	Intel Corp	$15,001 - $50,000	Dividends	$1 - $200	
	Lexmark Intl Group	$15,001 - $50,000	Dividends	None	
	MBNA Corp	$1,001 - $15,000	Dividends	$1 - $200	
	Williams Companies	$15,001 - $50,000	Dividends	$1 - $200	
	MCI Worldcom	$15,001 - $50,000	Dividends	None	
	Pfizer Inc	$15,001 - $50,000	Dividends	$1 - $200	P
	Schlumberger Ltd	$15,001 - $50,000	Dividends	$201 - $1,000	
	Vanguard Total Stock Market Ind. Fund	$50,001 - $100,000	Dividends	None	P
	Call Philips Electronics	None	Option Contract Price	$1,001 - $2,500	
	Call Oracle Corp	None	Option Contract Price	$1,001 - $2,500	
	Call Disney Walt	None	Option Contract Price	$201 - $1,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Call MBNA Corp	None	Option Contract Price	$1,001 - $2,500	
	Call Micron Tech Inc	None	Option Contract Price	$2,501 - $5,000	
	Call Koninkijke Phil	None	Option Contract Price	$2,501 - $5,000	
	Call Schlumeberger Ltd	None	Option Contract Price	$1,001 - $2,500	
	Call Boston Scientific	None	Option Contract Price	$2,501 - $5,000	
	Call ADC Telecommunications	None	Option Contract Price	$1,001 - $2,500	
	Call CBS Corp	None	Option Contract Price	$2,501 - $5,000	
	Call Schlumberger LTD	None	Option Contract Price	$1,001 - $2,500	
	Call EMC Corp	None	Option Contract Price	$2,501 - $5,000	
	Call Citigroup Inc	$1 - $1,000	Option Contract Price	$1,001 - $2,500	
	Call Assoc First Cap	$1 - $1,000	Option Contract Price	$1,001 - $2,500	
	Call Electronic Data	$1,001 - $15,000	Option Contract Price	$1,001 - $2,500	
	Call Boston Scientific	$1 - $1,000	Option Contract Price	$1 - $200	
	Call MCI WorldCom	$1,001 - $15,000	Option Contract Price	$2,501 - $5,000	
	Call Intel Corp	$1,001 - $15,000	Option Contract Price	$2,501 - $5,000	
	Call Schlumberger Ltd	$1 - $1,000	Option Contract Price	$201 - $1,000	
	Call MBNA Corp	$1 - $1,000	Option Contract Price	$201 - $1,000	
	Call Koninklijke Phil	$1,001 - $15,000	Option contract Price	$2,501 - $5,000	
	Call Boston Scientific	$1,001 - $15,000	Option Contract Price	$2,501 - $5,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Call EMC Corp	$1,001 - $15,000	Option Cotnract Price	$2,501 - $5,000	
	Call Slumberger Ltd	$1,001 - $15,000	Option Contract Price	$1,001 - $2,500	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependant child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	Call Federal Home Ln Mtg	Sold	02/09/99	$1,001 - $15,000
	Call MCI Worldcom	Sold	01/26/99	$1,001 - $15,000
	Call Lexmark Intl Group	Sold	12/15/99	$1,001 - $15,000
	Call Micron Tech Inc	Sold	04/19/99	$1,001 - $15,000
	Call Intel Corp	Sold	06/17/99	$1,001 - $15,000
	Call Cisco Sys Inc	Sold	06/22/99	$1,001 - $15,000
	Call Electronic Data	Sold	06/18/99	$1,001 - $15,000
	Call First Data Corp	Sold	02/09/99	$1,001 - $15,000
	Call Hewlett-Packard Co	Sold	02/09/99	$1,001 - $15,000
	Call Guidant Corp	Sold	12/14/99	$1,001 - $15,000
	Call MCI WorldCom	Sold	06/18/99	$1,001 - $15,000
	Call EMC Corp	Sold	08/12/99	$1,001 - $15,000
	Call MBNA Corp	Sold	06/21/99	$1,001 - $15,000
	Call Micron Tech Inc	Sold	07/19/99	$1,001 - $15,000
	Call Koninklijke Phil	Sold	04/16/99	$1,001 - $15,000
	Call Schlumeberger Ltd	Sold	05/19/99	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP.DC.JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	Call Boston Scientific	Sold	05/19/99	$1,001 - $15,000
	Call ADC Telecommunication	Sold	08/12/99	$1,001 - $15,000
	Call CBS Corp	Sold	02/16/99	$1,001 - $15,000
	Call Schlumberger LTD	Sold	11/19/99	$1,001 - $15,000
	Call EMC Corp	Sold	10/15/99	$1,001 - $15,000
	Call Citigroup	Sold	06/22/99	$1,001 - $15,000
	Call Assoc First Cap	Sold	03/19/99	$1,001 - $15,000
	Call Electronic Data	Sold	06/18/99	$1,001 - $15,000
	Call Boston Scientific	Sold	12/30/99	$1,001 - $15,000
	Call MCI WorldCom	Sold	06/18/99	$1,001 - $15,000
	Call Intel Corp	Sold	10/15/99	$1,001 - $15,000
	Call Koninklije Phil	Sold	04/16/99	$1,001 - $15,000
	Call Boston Scientific	Sold	05/19/99	$1,001 - $15,000
	Call EMC Corp	Sold	10/15/99	$1,001 - $15,000
	Call Schlumberger Ltd	Sold	11/19/99	$1,001 - $15,000
	ADC Telecommunications	Sold	11/22/99	$15,001 - $50,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	ADC Telecommunications	Purchase	6/16/99	$15,001 - $50,000
	ADC Telecommuications	Purchase	08/12/99	$15,001 - $50,000
	Honeywell Int (was Allied Signal Inc)	Sold	06/21/99	$15,001 - $50,000
	Honeywell Int (Allied Signal Inc)	Purchase	02/08/99	$15,001 - $50,000
	AT&T Corp	Purchase	06/16/99	$15,001 - $50,000
	Boston Scientific Corp	Sold	12/29/99	$15,001 - $50,000
	Cisco Sys Corp	Purchase	06/22/99	$15,001 - $50,000
	Citigroup Corp	Purchase	06/22/99	$15,001 - $50,000
	CBS Corporation	Sold	07/19/99	$15,001 - $50,000
	E M C Corporation	Purchase	08/12/99	$15,001 - $50,000
	First Data Group	Sold	05/24/99	$15,001 - $50,000
	Guidant Group	Purchase	12/14/99	$15,001 - $50,000
	Hewlett-Packard Comapny	Sold	05/24/99	$15,001 - $50,000
	Input/Output Inc.	Sold	12/14/99	$1,001 - $15,000
	Intel Corp	Sold	01/19/99	$15,001 - $50,000
	Intel Corp	Purchase	06/17/99	$15,001 - $50,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	Lexmark Intl Group Inc	Purchase	12/15/99	$15,001 - $50,000
	Kimberly Clark Corp	Sold	07/19/99	$15,001 - $50,000
	Koninklijke Philips	Sold	10/18/99	$15,001 - $50,000
	MBNA	Purchase	01/26/99	$1,001 - $15,000
	MCI Worldcom Inc	Purchase	01/26/99	$15,001 - $50,000
	Merck & Co Inc	Purchase	06/16/99	$15,001 - $50,000
	Ocean Energy	Sold	12/30/99	$1,001 - $15,000
	Pfizer Incorporated	Purchase	06/22/99	$15,001 - $50,000
	R & B Falcon Corp	Sold	12/29/99	$1,001 - $15,000
	Schlumberger Ltd	Purchase	01/26/99	$15,001 - $50,000
	Williams Companies	Purchase	06/22/99	$15,001 - $50,000
	YPF Sociedad Anonima Chg	Sold	06/28/99	$15,001 - $50,000
	Maytag Corp	Sold	07/15/99	$50,001 - $100,000
	EEX Corporation	Purchase	06/08/99	$1,001 - $15,000
	Great Hall Money Market Shares	Purchase	Dividends Reinvestment	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example:	Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	Invesco Small Co. Growth	Purchase	Dividends Reinvestmnet	$15,001 - $50,000
	Price Science and Tech Shares	Purchase	Dividend Reinvestment	$50,001 - $100,000
	Oakmark, Int Shares	Purchase	Dividends Reinvestment	$1,001 - $15,000
	Vanguard International Value	Sold	12/20/99	$250,001 - $500,000
	Vanguard Municipal Bond Fund MM	Purchase	12/20/99	$250,001 - $500,000
	Vanguard Municipal bond Fund MM	Sold	12/31/99	$50,001 - $100,000
	Charles Schwab Tax Exempt MM	Purchase	Dividends Reinvestment	$15,001 - $50,000
	Heartland Value Plus Shares	Purchase	Dividends Reinvestment	$1,001 - $15,000
	Selected American Shares	Purchase	Dividends Reinvestment	$1,001 - $15,000
	Vanguard Primecap Shares	Purchase	Dividends Reinvestment	$15,001 - $50,000
	Mutual of America 403B	Purchase	Dividends Reinvestment	$1,001 - $15,000
	Invesco Balanced Fund	Purchase	Dividends Reinvestment	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	Warburg Pincus Cap Apprec Fund	Purchase	Dividends Reinvestment	$1,001 - $15,000
	American Century 20th Ultra Shares	Purchase	Dividends Reinvestment	$1,001 - $15,000
	Franklin Mutual Shares Fund	Purchase	Dividends Reinvestment	$1,001 - $15,000
	Vanguard Convertible Shares	Purchase	Dividends Reinvestment	$15,001 - $50,000
	Vanguard US Growth Funds	Purchase	Dividends Reinvestment	$50,001 - $100,000
	Exxon Mobil Corporation	Purchase	Dividends Reinvestment	$1,001 - $15,000
	Weitz Value Fund	Purchase	Dividends Reinvestment	$1,001 - $15,000
	Merck & Co	Purchase	Dividends Reinvestment	$1,001 - $15,000
	PPG Industries	Purchase	Dividends Reinvestment	$1,001 - $15,000
	Vanguard Growth Index Fund	Purchase	Dividends Reinvestment	$1,001 - $15,000
	Janus Fund	Purchase	01/27/99	$100,001 - $250,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	Janus Fund	Purchase	Dividends Reinvestment	$15,001 - $50,000
	American Century 20th Ultra	Purchase	02/12/99	$15,001 - $50,000
	Newmont Mining Corp	Purchase	01/28/99	$1,001 - $15,000
	Royal Dtch 1.25 Guilderf	Purchase	5/18/99	$15,001 - $50,000
	Broadwing Inc (was IXC Communications Inc)	Purchase	6/14/99	$15,001 - $50,000
	Janus Fund	Purchase	2/12/99	$15,001 - $50,000
	Oppenheimer Multisector Shares	Purchase	Dividends Reinvestment	$1,001 - $15,000
	Selected American Shares	Sold	01/26/99	$100,001 - $250,000
	Vanguard Total Stock Market Ind. Fund	Purchase	12/31/99	$50,001 - $100,000
	Vanguard Growth Index Fund	Purchase	1/25/99	$15,001 - $50,000
	Bayard Driling	Sold	04/19/99	$1,001 - $15,000
	Phillips Electronic NV	Sold	10/15/99	$15,001 - $50,000
	Janus Overseas	Purchase	Dividends Reinvestment	$1,001 - $15,000
	Janus Twenty Fund Shares	Purchase	Dividends Reinvestment	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	Call Philips Electronics	Sold	02/09/99	$1,001 - $15,000
	Call Oracle Corp	Sold	07/01/99	$1,001 - $15,000
	Call AT&T	Sold	06/16/99	$1,001 - $15,000
	Call Williams Companies	Sold	06/22/99	$1,001 - $15,000
	Call Pfizer, Inc	Sold	06/22/99	$1,001 - $15,000
	Call Fedl Home Ln Mtg	Sold	07/19/99	$1,001 - $15,000
	Call Merck & Co	Sold	06/16/99	$1,001 - $15,000
	Call Xerox Corp	Sold	04/22/99	$1,001 - $15,000
	Call ADC Telecomms	Sold	06/16/99	$1,001 - $15,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Simmons 1st National Bank, Little Rock, Ark. (1/4)	Mortgage 1510 Ullrich, 508 Gatetree, Austin, TX	$50,001 - $100,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
The Aspen Institute	August 12 -27, 1999	Washington D.C. - Berlin, Germany - Riga Latvia - Washington, D.C.	Y	Y	Y	10, personal expens
The Confederation of India Industry	February 12-23, 1999	Washington D.C. - New Delhi and Bombay, India - Washington, D.C.	Y	Y	Y	2, personal expense
The Aspen Institute	March 26 - April 7, 1999	Washington D.C. - Beijing, China - Shanghai, China - Washington, D.C.	Y	Y	Y	4, personal expense

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Partner	Perlmutter, Marston, Jacks & Doggett
	(Owns 1510 Ullrich, 508 Gatetree, Austin)

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Cal Dooley
(Full Name)

U.S. House of Representatives, 1201 Longworth HOB
(Mailing Address)

Washington DC 20016

Daytime Telephone: 202/225-3341

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 20	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more th 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (see 5 U.S.C. App. 4 104 and 18 U.S.C 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Cal Dooley	05/30/2000

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Name Cal Dooley | Page 2 of 10

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Bryce Harlow Foundation	Spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II – PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$ 500
	The Connell Company	Speech	04/05/99	$2,000.00
	AIG	Speech	04/05/99	$2,000.00
	National Association of Realtors	Speech	11/13/99	$1,000.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT — *Examples:* SP — Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP — 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
Dooley Farms Partnership (inc. equipment, crops, leased improvements on 120 acres in Visalia and Tulare	$250.001 - $500.000	Farm income	$50.001 - $100.000	$100,001-$1,000,000 (gross)
1/3 interest in 60 acres, Webb Ranch & McAuliffe	$250.001 - $500.000	Capital Gains	None	$100,001-$1,000,000 transfer to Packwood
Dooley for Congress (loan)	$15.001 - $50.000	Repayment	$15.001 - $50.000	Repayment of loan
Congressional Federal Credit Union	$1.001 - $15.000	Interest	$201 - $1.000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	CalCot Limited	$1.001 - $15.000	Combined with farm income, listed above	None	
	County Line Gin	$1.001 - $15.000	Combined with farm income, listed above	None	
	Diamond Walnut	$1.001 - $15.000	Combined with farm income, listed above	None	
	Packwood RE Partnership (25% share), 24 acres at Feemstra & McAuliffe	$100.001 - $250.000	Partnership income	$5.001 - $15.000	
	American Funds: The Investment Co. of America	$15.001 - $50.000	Capital Gains and Dividends	$1.001 - $2.500	
	American Funds: The New Economy Fund	$15.001 - $50.000	Capital Gains and Dividends	$1.001 - $2.500	
	American Funds: New Perspective Fund	$15.001 - $50.000	Capital Gains and Dividends	$1.001 - $2.500	
	American Funds: Washington Mutual Investors Fund	$15.001 - $50.000	Capital Gains and Dividends	$1.001 - $2.500	
	American Funds: Europacific Growth Funds	$15.001 - $50.000	Capital Gains and Dividends	$1.001 - $2.500	
	Packwood RE Partnership (loan)	$100.001 - $250.000	None	None	
	Schwab-Money Market	$50.001 - $100.000	Interest	$2.501 - $5.000	
	Schwab-S&P 500	$50.001 - $100.000	Capital Gains and Dividends	$2.501 - $5.000	
	Schwab-1000 Fund	$15.001 - $50.000	Dividends	$2.501 - $5.000	
	Schwab-MM Smallcap	$1.001 - $15.000	Dividends	$1 - $200	
	Cohen & Steers Realty	$1.001 - $15.000	Capital Gains and Dividends	$201 - $1.000	S
	Invesco Latin America	$1.001 - $15.000	Capital Gains and Dividends	$1 - $200	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Robt. Stephens Info. Age	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	
	Scudder Latin America	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
	Case	$1,001 - $15,000	Capital Gains and Dividends	$5,001 - $15,000	P AND S
	At Home	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	P
	Checkfree	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	P
	Ebay	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	P
	Emusic	$1 - $1,000	Capital Gains and Dividends	$201 - $1,000	P
	Geron	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	P
	Iridium	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	P
	McKesson	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	P
	Peapod	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	P
	US Airways	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	P
	Webvan	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	P

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	Sales of lots: Packwood RE Partnership	Sold	02/08/99-12/15/99	$100.001 - $250.000
	Transfer of property to Packwood RE Partnership	Exchanee	06/17/99	$100.001 - $250.000
	Cohen & Steers Realty	Sold	12/20/99	$1.001 - $15.000
	Case (bought and sold)	Purchase	01/28/99-11/16/99	$1.001 - $15.000
	At Home	Purchase	05/05/99	$1.001 - $15.000
	Checkfree	Purchase	01/28/99	$1.001 - $15.000
	Ebay	Purchase	07/14/99	$1.001 - $15.000
	Emusic	Purchase	07/13/99	$1.001 - $15.000
	Geron	Purchase	07/13/99	$1.001 - $15.000
	Iridium	Purchase	01/28/99	$1.001 - $15.000
	McKesson	Purchase	05/24/99	$1.001 - $15.000
	Peapod	Purchase	11/04/99	$1.001 - $15.000
	USAirways	Purchase	01/28/99	$1.001 - $15.000
	Webvan	Purchase	11/08/99	$1.001 - $15.000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded

SP,DC,JT	Creditor	Type of Liability	Amount of Liabili
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	WestAmerica (formerly Mineral King) -- 50% share	Mortgage on McAuliffe & Walnut	$50,001 - $100,000
	WestAmerica (formerly Mineral King)	Crop loan (Dooley Farms Partnership)	$15,001 - $50,000
	Visalia Community Bank (25% share)	Packwood RE Partnership development loan	$15,001 - $50,000
	Robert Merrill (25% share)	Packwood RE Partnership development loan	$100,001 - $250,000
	Bank of Visalia (25% share)	Packwood RE Partnership development loan	$15,001 - $50,000

SCHEDULE VII – TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expen
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Peanut & Tree Nut Processors Assoc.	01/10/99-01/11/99	Palm Springs-Los Angeles-Visalia	Y	Y	N	No
CA Council for International Trade	01/15/99	None	Y	Y	N	No
PhRMA	01/16/99-01/17/99	WDC-Jacksonville, FL-WDC	Y	Y	N	No
Electronic Industries Alliance	01/20/99-01/23/99	WDC-San Juan, PR-WDC	Y	Y	Y	No
DNC Business Council	02/13/99-02/14/99	WDC-Savannah,GA-WDC	Y	Y	Y	No
Democratic Leadership Council (DLC)	04/20/99-05/03/99	WDC-New Orleans, LA-WDC	Y	Y	Y	No
DLC/PPI	05/29/99-05/31/99	WDC-Jacksonville, FL-WDC	Y	Y	Y	No
Argentine Bankers Assoc.	07/03/99-07/07/99	WDC-Buenos Aires-WDC	Y	Y	Y	No
Congressional Education Leadership Institute (CELI)	08/10/99-08/12/99	San Francisco -Seattle, WA-Fresno	Y	Y	N	No
Biotechnology Industry Organization (BIO)	10/09/99-10/12/99	Fresno-Orange County	Y	Y	N	No
National Association of Realtors	11/12/99-11/14/99	WDC-Orlando,FL-WDC	Y	Y	N	No
DLC	11/19/99-11/20/99	WDC-Austin, TX-WDC	Y	Y	N	No

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Partner	Dooley Farms Partnership (38% interest) -- see schedule III
Partner	Packwood RE Partnership (25% interest) -- see schedule III

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

John Taylor Doolittle
(Full Name)
1526 Longworth HOB
(Mailing Address)
Washington, DC 20515
Daytime Telephone (202) 225-2511

HAND DELIVERED
(Office Use Only)

Filer Status	☒ Member of the U.S. House of Representatives — State: ____ District: ____	☐ Officer or Employee	Employing Office: ____
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date: ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒ No ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒ No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒ No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	John T. Doolittle	5/31/00

CLERK'S RECEIPT
00 JUN -6 AM 11:41
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Events Plus	spouse income	NA
	Impact Strategies	spouse income	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name John T. Doolittle | Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$500
	Oregonians in Action	Speech	March 27	1,000
	California Cable Association	Speech	Aug 20	1,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: John T. Doolittle

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: None (A)	$1 – $1,000 (B)	$1,001 – $15,000 (C)	$15,001 – $50,000 (D)	$50,001 – $100,000 (E)	$100,001 – $250,000 (F)	$250,001 – $500,000 (G)	$500,001 – $1,000,000 (H)	$1,000,001 – $5,000,000 (I)	$5,000,001 – $25,000,000 (J)	$25,000,001 – $50,000,000 (K)	Over $50,000,000 (L)	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: None (I)	$1 – $200 (II)	$201 – $1,000 (III)	$1,001 – $2,500 (IV)	$2,501 – $5,000 (V)	$5,001 – $15,000 (VI)	$15,001 – $50,000 (VII)	$50,001 – $100,000 (VIII)	$100,001 – $1,000,000 (IX)	$1,000,001 – $5,000,000 (X)	Over $5,000,000 (XI)	Block E: P, S, E
SP, DC, JT	Examples:	SP	Mega Corp. Stock				X								X										X								P
			Simon & Schuster		Indefinite																Royalties									X			
			1st Bank of Paducah, KY accounts					X									X									X							
1.	Investment Company of America (IRA-Mutual Fund)					X									NA							NA											S
2.	ADL Stock						X											X				X											P
3.	Dell Stock				X													X				X											S
4.	Neuberger + Berman Partners (Mutual Fund)			X														X						X									S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John T. Doolittle

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
5.	CA Legislative Retirement Systems				X									N/A							N/A											
6.	APN # 54-151-31 (Nevada Co. Promissory Note)			X												X				principal					X							

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Name John T. Doolittle | Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Maga Corporation Common Stock	X			10–12–99		X								
	Dell Stock		X		4-6-99	X									
	AOL Stock	X			4-6-99	X									
	Pacific Coast Bankers Bank	X			5-3-99	X									
	AOL Stock	X			5-17-99	X									
	Pacific Coast Bankers Bank		X		9-2-99	X									
	AOL Stock	X			10-15-99		X								
	AOL Stock		X		10-15-99		X								
	AOL Stock	X			10-15-99	X									
	AOL Stock	X			10-15-99	X									
	AOL Stock	X			10-15-99	X									
	AOL Stock	X			10-15-99		X								

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Name John T. Doolittle | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Congressional Federal Credit Union	personal credit		X								
	Citibank	personal credit		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	California Forestry Assn.	Jan. 15-16	Sacramento → Monterey → D.C.	Y	Y	Y	N
	Reno Logging Conference	Feb. 5-6	Wash, DC → Reno → Sacramento	Y	N	N	N
	Family Farm Alliance	March 2	Wash, DC → Las Vegas → Wash, DC	N	N	N	N
	Sikh Cultural Society	April 24-26	Wash DC → NYC → Wash, DC	Y	Y	Y	N
	Association of the Bar of The City of New York	Nov. 8-9	Wash, DC → NYC → Wash, DC	Y	N	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	J-T investments (No income in 1999)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A

For use by Members, officers, and employees

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HOUSE OF REPRESENTATIVES

(9)
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MC
(Office Use Only)

Michael F. Doyle, Jr.
(Full Name)

2227 Hampton Street
(Mailing Address)

Pittsburgh, PA 15218

Daytime Telephone: 412) 242-4898

Filer Status	[XX] Member of the U.S. House of Representatives	State PA District: 18	[ ] Officer or Employee — Employing Office:
Report Type	[XX] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**		X
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**		X
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/6/00

1556

Name	Michael F. Doyle, Jr.	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Eastgate Insurance Agency, Inc.	Renewal commissions	$12,701.75

For payments to charity in lieu of honoraria, use Schedule II.

Name	Michael F. Doyle, Jr.	Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$500
	None			

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Name Michael F. Doyle, Jr.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: Transaction P, S, E
SP	Examples: SP Mags Corp. Stock					X								X										X								P
DC	Examples: Simon & Schuster				Indefinite															Royalties									X			
JT	Examples: 1st Bank of Paducah, KY accounts						X									X									X							
JT	J&M Assoc.(50% owner of following holding):																															
	7223 Church St., PGH, PA				X															Partnership Income	X											
	712 S. Trenton Ave., PGH, PA				X															"	X											
	7643 Highland Ave., PGH, PA				X															"	X											
JT	Monongahela Co. (25% owner of the following holding):																															
	1916 Monongahela Ave., PGH, PA				X															Partnership Income			X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael F. Doyle, Jr.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
JT	Eastgate Insurance Agency (45% owner)					X															X										
	S.E.R.S. -- Commonwealth of Pennsylvania						X														X										

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SCHEDULE IV — TRANSACTIONS

Name Michael F. Doyle, Jr.

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Maga Corporation Common Stock	X			10–12–99		X								
	None														

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	S&T Bank, PGH, PA	Mortgage on properties held by J&M Assoc. (50% owner)			X							
JT	PNC Corp., PGH, PA	Mortgage on properties held by Monongahela Co. (25% owner)	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
None							

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Secretary/Treasurer	Eastgate Insurance Agency, Inc.
Partner	J&M Associates
Partner	Monongahela Company

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 15 PM 3:04
OFFICE OF THE CLERK
HAND DELIVERED
(Office Use Only)

DAVID T. DREIER
(Full Name)

Room 237, Cannon House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone (202) 225-2305

Filer Status	[X] Member of the U.S. House of Representatives	State CA District 28	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A ***$200 penalty*** **shall be assessed against anyone who files more than 30 days late.**

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	David Dreier	MAY 15, 2000

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Name	DAVID T. DREIER	Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	H. E. Dreier, Jr., Inc.	Approved Fee	$12,000

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples.	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$500
	Washington Financial Forum, Ltd.	Speech	March 4, 1999	$1,000
	American Bankers Association	Speech	March 25, 1999	$2,000
	Consumer Bankers Association	Speech	May 27, 1999	$2,000

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Name DAVID T. DREIER

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source		Block B: Value of Asset												Block C: Type of Income							Block D: Amount of Income											Block E: Transaction
			A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:*	SP	Mega Corp. Stock				X								X										X									P
			Simon & Schuster		Indefinite																Royalties									X				
			1st Bank of Paducah, KY accounts					X									X										X							
	Roseville Commun.-stock						X								X										X									
	Interest earning checking Cong. Fed. Credit Union					X											X						X											
	Money Market Account Cong. Fed. Credit Union			X													X						X											
	Oklahoma Publishing Co. Stock									X					X											X								
	Gaylord Entertainment Co. Stock								X																		X							
	Olde Money Market Acct.					X									X											X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DAVID T. DREIER

Page 5 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Olde IRA Acct.					x																										
	John Hancock Mutual Fund						x							x									x									
	Singer Co. NV-stock		x											x								x										
	Compaq-stock				x									x								x										p
	Freeport-McMoran LTD.			x										x							x											
	Property-5 Stratford, RM,CA							x							x											x						
	CBS Corp.-stock									x				x							x											
	Compaq-stock				x									x							x											p
	Caterpillar-stock				x									x									x									
	Ericsson L.M.-stock						x							x									x									
	Phillip Morris-stock				x									x										x								p,s
	Falcon Drilling-stock			x										x							x											
	Franklin Mutual Fund				x									x									x									
	Bakersfield CA CTFS				x												x						x									
	Seligman Comm.				x									x									x									
	IBM						x							x									x									
	Seligman Henderson				x									x							x											
	Mass. Mutual Life Ins.					x										x						x										
	Novell	x															x						x									s
	Amer.Power Conversion					x								x							x											p
	JCPenney-stock				x									x									x									p
	US Treasury Bond				x											x					x											p

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DAVID T. DREIER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Tiffany Manor Ltd. (Kansas City, MO)										X				X	X													X				

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SCHEDULE IV — TRANSACTIONS

Name: DAVID T. DREIER

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	Compaq-stock	x			06-09-99		x								
	Compaq-stock	x			09-24-99		x								
	Phillip Morris-stock	x			04-15-99		x								
			x		06-09-99		x								
	Novell-stock		x		02-26-99		x								
			x		09-24-99		x								
	American Power Conversion-stock	x			05-19-99		x								
	J C Penney-stock	x			09-20-99		x								
	US Treasury Bond	x			06-09-99		x								

This page may be copied if more space is required.

Name	DAVID T. DREIER	Page 8 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	CA Council for Int'l Trade	01-14-99 01-15-99	Los Angeles, CA--Monterey, CA--Los Angeles, CA	Y	Y	N	N
	Aspen Institute	03-19-99 03-20-99	Washington, DC--Hershey, PA--Washington, DC	Y	Y	N	N
	Bohemian Grove	07-23-99 07-25-99	Washington, DC--San Francisco, CA--Washington, DC	Y	Y	N	(NO TRANSPORTATION)
	Center for the Study of Popular Culture	09-03-99 09-04-99	Los Angeles, CA--Colorado Spgs, CO--Kansas City, MO	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Secretary	The Dreier Family Foundation
Board of Trustees	Claremont McKenna College
Board Member	International Republican Institute
Co-Chairman of the Board	Los Angeles Committee for the Homeless (Los Angeles Mission)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

DAVID DREIER
CALIFORNIA

CHAIRMAN
COMMITTEE ON
RULES

237 CANNON BUILDING
WASHINGTON, DC 20515
(202) 225-2305

112 NORTH SECOND AVENUE
COVINA, CA 91723
(626) 339-9078
(909) 592-2857

http://dreier.house.gov

Congress of the United States
House of Representatives
Washington, DC 20515

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OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

May 24, 2000

MC
1

The Honorable Jeff Trandahl
Clerk
U.S. House of Representatives
B-106 Cannon House Office Building
Legislative Resource Center
Washington, D.C. 20515

Dear Mr. Trandahl:

Please consider this letter an amendment to my Financial Disclosure Statement for Calendar Year 1999.

I inadvertently placed an "x" in the Yes box for Question V. on Page One, Preliminary Information. The appropriate answer to Question V. is "No," as is reflected on Schedule V.

Thank you for your assistance.

Sincerely,

David Dreier

David Dreier

DD:jm

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

John J. Duncan, Jr.
(Full Name)

12227 Brighton Court
(Mailing Address)

Knoxville TN 37922

Daytime Telephone: 202-225-5435

Filer Status	[X] Member of the U.S. House of Representatives	State: TN District: 02	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? If yes, complete and attach Schedule II	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? If yes, complete and attach Schedule VII.	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? If yes, complete and attach Schedule IV.	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS–Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [X]	No [ ]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL John J. Duncan, Jr.

DATE (Month/Day/Year) MAY 9, 2000

1576

Name John J. Duncan, Jr.	Page 1 of 1

SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Boys and Girls Clubs of Greater Knoxville, Inc.	spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page 1 of 1

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$ 500

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude:** Your personal residence(s) (unless there rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP. Mega Corp. Stock SP. 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
DC	Cracker Barrel (stock)	$1 - $1,000	Dividends	$1 - $200	
	Bank First IRA (Total Value of entire acct. at the end of '99 was $90,682)-Short Term US Govt. TR-P	$1,001 - $15,000	Dividends	$1 - $200	
	Bank First IRA-Fidelity Value	$1,001 - $15,000	Dividends	$1,001 - $2,500	
	Bank First IRA-Fidelity Low Priced Stock	$1,001 - $15,000	Dividends	$201 - $1,000	
	Bank First IRA-Fidelity Fund #0003	$1,001 - $15,000	Dividends	$201 - $1,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Bank First IRA-BankFirst stock (formerly listed as Smoky Mtn. Bancorp)	$50.001 - $100.000	Dividends	None	
	First Central Bank Stock	$1.001 - $15.000	Dividends	None	
	Equipment Leasing	None	Interest	None	Chapter 11 filed
	State of Tennessee-pension 457 plan	$1.001 - $15.000	Interest	$1 - $200	
DC	McDonald's Corp	$1.001 - $15.000	Dividends	$1 - $200	
	Congressional Credit Union -CD	$1.001 - $15.000	Interest	$1 - $200	S
	Bank First - money market	$15.001 - $50.000	Interest	$1.001 - $2.500	
	Congressional Credit Union - chg.	$1.001 - $15.000	Interest	$1 - $200	
	BankFirst (Stock)	$50.001 - $100.000	Dividends	None	P
	7 1/2% ownership interest in the Knoxville Baseball Club	$15.001 - $50.000	Capital Gains	$15.001 - $50.000	redemption of stock
DC	Cape Cod Bank & Trust (stock)	$1.001 - $15.000	Dividends	$1 - $200	
DC	Puget Sound Energy	$1.001 - $15.000	Dividends	$201 - $1.000	
	Cape Cod Bank & Trust	$1.001 - $15.000	Dividends	$1 - $200	
DC	Gillette (stock)	$1.001 - $15.000	Dividends	None	P
DC	Norfolk Southern(stock)	$1 - $1.000	Dividends	None	P
DC	Transwitch (stock)	$1 - $1.000	Dividends	None	P
DC	IBM (stock)	None	Dividends	None	S
DC	WWF (stock)	None	Dividends	None	S
DC	MCI WorldCom (stock)	$1.001 - $15.000	Dividends	None	P

Name John J. Duncan, Jr. | Page 3 of 3

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Name John J. Duncan, Jr.	Page 1 of 1

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	7 1/2% ownership interest in the Knoxville Baseball Club	Sold	3/10/99	$15.001 - $50.000
	Congressional Credit Union/CD	Sold	4/6/99	$1.001 - $15.000
DC	Gillette (stock)	Purchase	9/9/99	$1.001 - $15.000
DC	Norfolk Southern (stock)	Purchase	9/9/99	$1.001 - $15.000
DC	IBM (stock)	Sold	10/17/99	$1.001 - $15.000
DC	WWF (stock)	Purchase	10/17/99	$1.001 - $15.000
DC	WWF (stock)	Sold	10/17/99	$1.001 - $15.000
DC	MCI WorldCom (stock)	Sold	11/12/99	$1.001 - $15.000

Name John J. Duncan, Jr.	Page 1 of 1

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000

Name	Page 1 of 1

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.
Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.
Note: The gift rule (House Rule 51, re-numbered to clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Name John J. Duncan, Jr. | Page 1 of 1

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
American Assn. of Railroads	4/8-4/12/99	KO/Palm Beach, FL/KO	Y	Y	Y	none
American Crop Protection Assn.	9/24-9/27/99	DC-White Sulphur Springs, WVA-DC	Y	Y	Y	none

Name	Page 1 of 1

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization

Name	Page 1 of 1

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
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OFFICE OF THE CLERK
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(Office Use Only)

Jennifer B. Dunn
(Full Name)

432 Cannon HOB
(Mailing Address)

Washington, DC 20515

Daytime Telephone (202) 225-7761

Filer Status	[X] Member of the U.S. House of Representatives	State Washington District 8	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [X]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Jennifer B. Dunn	

1588

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Kaana State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	N/A		

For payments to charity in lieu of honoraria, use Schedule II.

Name Jennifer B. Dunn	Page 2 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1999	$500
The Tax Council	Speech	June 16, 1999	$500.00
American Council for Capital Formation	Speech	June 17, 1999	$1,000.00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependant child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

			Block A: Asset and/or Income Source	Block B: Value of Asset												Block C: Type of Income							Block D: Amount of Income											Block E: Transaction
				A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:*	SP	Mega Corp. Stock					X								X										X									P
			Simon & Schuster		Indefinite																	Royalties										X			
			1st Bank of Paducah, KY accounts						X									X										X							
			AXP Cash Management Fund A	(a)			X									X									X											
			AXP High Yield Tax-Exempt Fund, Inc.	(b)	X											X								X												
			AXP New Demensions B IRA			X										X											N/A									
			AXP IDS Life Ins. Co. IRA - Flexible Annuity	(c)				X										X									N/A									
			Bank of America Corporation (Common Stock)(held by AXP)		X											X								X												
			Bryant R. Dunn Sub-Trust B (Excepted trust)						Not	Known										X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jennifer B. Dunn

Page 4 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Cognative Associates Ker Limited Partnership		X											X		X					X											
	Condo: Desert Island Rancho Mirage, CA 7305						X								X											X						
	National Financial Center Thrift Savings Plan						X							X		X	X								N/A							
	Bank of America - Savings			X												X							X									
	Keybank National Assoc. - Checking			X												X						X										
	(a) Formerly known as: IDS Cash Management Fund																															
	(b) Formerly known as: IDS High Yield Tax Exempt																															
	(c) Formerly known as: IDS-IRA Flexible Annuity																															

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Name Jennifer B. Dunn

Page 5 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Maga Corporation Common Stock	X			10–12–99		X								
	N/A														

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Name Jennifer B. Dunn | Page 6 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Mein St., Dover, Del.				X						
	Mission Hills Mortgage Corp. PO Box 22017 Santa Ana, CA 92702	Condo: 50% Interest - Desert Island, Rancho Mirage, CA#305			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner (50% Interest)	Dunn-Mijich (a joint venture partnership to own/manage rental condo at Rancho Mirage, CA - See Schedule 3)
Member of Congressional Advisory Board	International Republican Institute
Board Member	National Junior Statesmen Foundation
Board Member	National Endowment for Democracy
Director	Presidential Commission on Debates
Member Capital Campaign Board	Eastside Domestic Violence Center for Women

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Lexington Institute
Board Member	National Campaign Against Youth Violence
Co-Chair	Bipartisan Working Group on Youth Violence
Honorary Board Member	Asian Performing Arts Theater

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A

For use by Members, officers, and employees

RECEIVED
RESOURCE CENTER
00 MAY 15 PM 2:37
OFFICE OF THE CLERK
FINANCIAL DISCLOSURE

(8)

THOMAS CHESTER EDWARDS
(Full Name)

2459 RAYBURN BUILDING
WASHINGTON DC 20515
(Mailing Address)

Daytime Telephone 202/225-6105

HAND DELIVERED
MC
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives — State: TX District: 11	[ ] Officer or Employee — Employing Office:	A *$200 penalty* shall be assessed against anyone who files more than 30 days late.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [X]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Chet Edwards	MAY 15, 2000

1598

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$500
	NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset												Block C: Type of Income							Block D: Amount of Income										Block E: Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* Mega Corp. Stock					X								X										X							P
	Simon & Schuster		Indefinite																	Royalties									X		
	1st Bank of Paducah, KY accounts						X									X									X						
JT	Wright Patman Credit Union				X											X							X								
JT	Central National Bank			X												X							X								
SP	Great American Reserve Insurance Account			X											NONE		X				X										
JT	Vanguard Group Stock Account				X											X							X								S
	Employees Retirement system of Texas			X											NONE						X										

For additional assets and unearned income, use next page.

Name THOMAS CHESTER EDWARDS | Page 4 of 7

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	- NONE -														

This page may be copied if more space is required.

Name THOMAS CHESTER EDWARDS | Page 5 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	— NONE —											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
— NONE —		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	— NONE —						

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
— NONE —	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	— NONE —	

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A

For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 JUN -9 PM 12: 14
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(9)

HAND DELIVERED
(Office Use Only)

THOMAS CHESTER EDWARDS
(Full Name)

2459 RAYBURN BUILDING
(Mailing Address)

WASHINGTON DC 20515

Daytime Telephone 202/225-6105

Filer Status	☒ Member of the U.S House of Representatives	State: TX District: 11	☐ Officer or Employee — Employing Office:
Report Type	☐ Annual (May 15)	☒ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☒	No ☐

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Chet Edwards	June 6, 2000

1606

Name THOMAS CHESTER EDWARDS Page ___ of ___

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	-NONE-		

For payments to charity in lieu of honoraria, use Schedule II.

Name THOMAS CHESTER EDWARDS	Page ___ of ___

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
XYZ Magazine	Article	Aug. 13, 1999	$500
NONE			

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Name THOMAS CHESTER EDWARDS | Page ___ of ___

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp. Stock					X								X										X								P
DC	Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
JT	Wright Patman Credit Union				X											X																
JT	Central National Bank			X												X							X									
SP	Great American Reserve Insurance Account			X											NONE						X											
*	Vanguard Group Stock Accounts				X									X			X						X									P
	Employees Retirement System of Texas			X										X							X											
JT	Deposit on DC townhouse		X													X						X										

* Includes family accounts: JT, DC, SP and mine

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name THOMAS CHESTER EDWARDS

Page ___ of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E

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SCHEDULE IV — TRANSACTIONS

Name THOMAS CHESTER EDWARDS | Page ___ of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
JT	VANGUARD GROUP STOCK ACCOUNTS	X			6-16-99		X								
DC	VANGUARD GROUP STOCK ACCOUNT IRA'S	X			1-11-99	X									
DC	VANGUARD GROUP STOCK ACCOUNTS	X			6-16-99	X									
DC	VANGUARD GROUP STOCK ACCOUNTS	X			MONTHLY	X									
SP	VANGUARD GROUP STOCK ACCOUNTS IRA	X			1-11-99	X									
SP	VANGUARD GROUP STOCK ACCOUNTS IRA	X			6-28-99	X									
	VANGUARD GROUP STOCK ACCOUNTS IRA	X			1-11-99	X									
	VANGUARD GROUP STOCK ACCOUNTS IRA	X			6-28-99	X									

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Name THOMAS CHESTER EDWARDS | Page ___ of ___

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example. First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	- NONE -											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
- NONE -		

Use additional sheets if more space is required.

Name THOMAS CHESTER EDWARDS | Page ___ of ___

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	— NONE —						

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Name THOMAS CHESTER EDWARDS	Page ___ of ___

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
- NONE -	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	- NONE -	

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Vernon J. Ehlers
(Full Name)

1848 Morningside Drive SE
(Mailing Address)

Grand Rapids MI 49506

Daytime Telephone: 202-225-3831

Filer Status: [X] Member of the U.S. House of Representatives — State: MI, District: 03 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Vernon J. Ehlers	5/15/00

1615

Name Vernon J. Ehlers | Page 2 of 6

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Michigan	Pension	$13,589.00
	Kent County, Michigan	Pension	$1,274.00

For payments to charity in lieu of honoraria, use Schedule II.

Name Vernon J. Ehlers | Page 3 of 6

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$ 500
	Floridia State University Foundation	Speech	9-27-99	$1,000.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an ective business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description iin this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
SP Social Security	None	Social Security	$2,501 - $5,000	NA
SP IRA-Bank One Grand Rapids	$1,001 - $15,000	Interest	NA	NA
State of Michigan Retirement	$15,001 - $50,000	Combination	NA	NA
State of Michigan 401(k)	$50,001 - $100,000	Combination	NA	NA
State of Michigan 457	$100,001 - $250,000	Combination	NA	NA
Kent County, Michigan Retirement Account	$1,001 - $15,000	Combination	NA	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Calvin College Retirement Account TIAA-CREF	$500,001 - $1,000,000	Combination	NA	NA
	IRA-Charles Schwab	$100,001 - $250,000	Combination	NA	NA
	Bank One Account	$1,001 - $15,000	Interest	$201 - $1,000	NA
	Wright Patman Credit Union	$1,001 - $15,000	Dividends	$1 - $200	NA
	Grand Rapids Teachers Credit Union	$1,001 - $15,000	Dividends	$1 - $200	NA
	California Retirement System	$15,001 - $50,000	Interest	None	NA
SP	National City Bank	$1 - $1,000	Interest	$1 - $200	NA

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
American Association for the Advancement of Science	1-22 to 1-25-99	Grand Rapids to Anaheim CA and return	Y	Y	N	no
Aspen Institute	2-12 to 2-15-99	Grand Rapids to St. Petersburg Fl and return	Y	Y	Y	no
American Physical Society	3-21 to 3-22-99	DC to Atlanta and return	Y	Y	N	no
Partnership Group for Science and Engineers	4-25-99 to 4-26-99	DC to Ottawa Canada and return	Y	N	N	no
Congressional Economic Leadership Institute	7-8-99 to 7-11-99	Grand Rapids to Carlsbad CA and return	Y	Y	Y	no
International Conference on Magnet Technology	9-26-99 to 9-27-99	Grand Rapids to Jacksonville, Fl to DC	Y	N	N	no
Cornell University	12-5-99 to 12-6-99	Grand Rapids to Ithaca NY to DC	Y	N	N	no
Society of Research Administrators	7-11 to 7-12-99	Grand Rapids to Salt Lake City UT and return	Y	Y	N	no

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

ROBERT L. EHRLICH, JR.
(Full Name)

4 BALLYHEAN CT. TIMONIUM, MD. 21093 (410) 252-4180
(Mailing Address) Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives — State: MD. District: 2	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☑	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Officiel Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Robert L. Ehrlich	April 30, 2000

Name Robert L. Ehrlich, Jr.	Page ___ of ___

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Assistant States' Attorney, Harford County, Maryland	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page ___ of ___

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$500

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Name Robert L. Sherlock Jr. | Page ___ of ___

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source		Block B: Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000)	Block C: Type of Income (Dividends; Rent; Interest; Capital Gains; Exempted Trust; Qualified Blind Trust; Other Type of Income (Specify: For Example, Partnership Income or Farm Income))	Block D: Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000)	Block E: Transaction (P, S, E)
SP, DC, JT	Examples: SP Mege Corp. Stock		X	Dividends X	IV $1,001 – $2,500	P
	Simon & Schuster		Indefinite	Other Type of Income: Royalties	IX $100,001 – $1,000,000	
	1st Bank of Paducah, KY accounts		X	Interest X	VI $5,001 – $15,000	
	VALUE $36,533.23 FUNDAMENTAL INVESTORS M.F.		F	Dividends; Capital Gains	VI $5,001 – $15,000	DIV. & CAP. (P) GAIN REINVESTED
	VALUE $11,345.35 NEW PERSPECTIVE M.F.		C	Dividends; Capital Gains	V $2,501 – $5,000	"
	VALUE $5,636.00 A.I.M. CONSTELLATION M.F.		C	Dividends; Capital Gains	IV $1,001 – $2,500	"
	VALUE $4,361.00 EUROPACIFIC M.F.		C	Dividends; Capital Gains	IV $1,001 – $2,500	"
	VALUE $5,903.00 FINGG INVESTORS VALUE M.F.		C	Dividends; Capital Gains	III $201 – $1,000	"
	VALUE $3,476.59 MAIN STREET M.F.		C	Dividends; Capital Gains	IV $1,001 – $2,500	"

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT L. EHRLICH, JR.

Page ___ of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	VALUE $6685.81																															
	CAPITAL APPRECIATION A M.F			✓										✓			✓								✓							"
	VALUE $6,143.41																															
	DISCOVERY M.F.			✓										✓			✓								✓							"
	VALUE $12,416.04																															
	FLAGG INVESTORS EQUITY M.F.			✓										✓			✓						✓									"
	VALUE $5,236.25																															
	BEST FOODS STOCK			✓										✓			✓					✓										
	DUPONT STOCK EXCHANGED FOR CONOCO STOCK	N/A																														SOLD
	VALUE $6969.50																															
	CONOCO STOCK			✓										✓			✓							✓								PURCHASED
	VALUE $7,731.25																															
	ALTRIA STOCK			✓										✓			✓								✓							PURCHASED
	VALUE $6,912.50																															
	WALMART STOCK			✓										✓			✓							✓								PURCHASED
	IRA (ROBERT EHRLICH)																															
	AMER BALANCED (16,819.50)				✓									✓			✓						✓									DIV & CAP GAIN REINVESTED
	EUROPACIFIC (11,722.24)			✓										✓			✓								✓							"
	FUNDAMENTAL INVEST (23,581.57)				✓									✓			✓								✓							"
	NEW PERSPECTIVE (12,030.99)			✓										✓			✓								✓							"
	SMALL CAP. (22,624.68)				✓									✓			✓									✓						"
	WASH MUTUAL (21,938.00)				✓									✓			✓							✓								"
	IRA (KENDEL EHRLICH)																															
	SMALL CAP $5,774.83			✓										✓			✓							✓								"
DC	I2 TECH (7 SHARES) $1365.00			✓										✓			✓							✓								PURCHASED
DC	DISNEY (15 SHARES) $441.90		✓											✓			✓						✓									PURCHASED
DC	PFIZER (5 SHARES) $162.96		✓											✓			✓					✓										PURCHASED

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SCHEDULE IV — TRANSACTIONS

Name Robert L. Ehrlich, Jr. | Page ___ of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	MUTUAL FUNDS "FUNDAMENTAL INVESTORS", "NEW PERSPECTIVE",	✓				✓									
	"A.I.M.", "EUROPACIFIC", "MAIN STREET", "CAP. APPRECIATION A",														
	AND "DISCOVERY" REINVESTMENT AND MONTHLY														
	PURCHASES EXCEEDED $1,000.00 IN CALENDAR YEAR.														
	MUTUAL FUNDS "FINLG INVESTORS VALUE" AND	✓													
	"FINLG INVESTORS EQUITY" REINVESTMENT AND														
	MONTHLY PURCHASES DID NOT EXCEED $1,000.00														
	IN CALENDER YEAR.														
	EXCHANGED 83 SHARES OF DUPONT STOCK FOR 244	✓		✓	8-13-99	✓									
	SHARES OF CONOCO STOCK (WORTH $6,069.50) 11-31-99.	✓													
	PURCHASED MGI SOFT STOCK ($3,000.00)	✓			11-17-99	✓									
	PURCHASED WALMART STOCK ($5,269.42)	✓			4-12-99	✓									
DC	7 SHARES BORN 7-24-99 ($293.34) PURCHASED I2-TECH STOCK ON BEHALF OF DREW EHRLICH	✓			9-29-99					N/A					
DC	15 SHARES DISNEY STOCK ($396.63) (GIFT TO DREW EHRLICH)	✓			10-18-99					N/A					
DC	5 SHARES PFIZER STOCK ($210.63) (GIFT TO DREW EHRLICH)	✓			8-25-99					N/A					

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Name ROBERT L. EHRLICH, JR. | Page ___ of ___

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	UPS	JAN. 25 ONLY	BALTO - ATLANTA - BALTO.	N	Y	N	N
	SEAGRAMS	MARCH 12-14	BALTO - ORLANDO - BALTO	Y	Y	Y	N
	MARYLAND ASPHALT	SEPT. 10-11	BALTO - ST MICHAELS, MD. - BALTO.	Y	Y	Y	N

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Name ROBERT L. EHRLICH, JR.	Page ___ of ___

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	DIRECTOR POSITIONS WITH RELIGIOUS, FRATERNAL, AND
	POLITICAL ORGANIZATIONS ARE OF AN HONORARY NATURE.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 82-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
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HOUSE OF REPRESENTATIVES
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7

JoAnn Emerson
(Full Name)

1637 Themis Street
(Mailing Address)

Cape Girardeau, MO 63701

Daytime Telephone 202-225-4404

Filer Status	[X] Member of the U.S. House of Representatives — State: Missouri District: 08	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ] No [X]	VI. Did you, your spouse, or a dependant child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		

Name JoAnn Emerson | Page 2 of 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
XYZ Magazine	Article	Aug. 13, 1999	$500
KMart Race Against Drugs	Participation in event	Sept. 22, 1999	$500.00

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Name Jo Ann Emerson | Page 3 of 7

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: Transaction P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock					X								X										X								P
	Simon & Schuster		Indefinite																	Royalties									X			
	1st Bank of Paducah, KY accounts						X									X									X							
	Metlife Investment & Fiduciary Services 485-B Metropolitan Corp Iselin, NJ 08830 (Money Market Acct.)			X												X						X										
JT	Bank of Oklahoma, NA (CD)			X												X					X											P
JT	Provident Bank of MD (CD)			X												X					X											P
JT	Euro Pacific Growth Fund SBI			X												X						X										P

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jo Ann Emerson

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
JT	Growth Fund of America Inc			X												X						X										P
JT	Investment Co. of America			X												X						X										P
JT	Small Cap World Fund Inc			X												X						X										P

This page may be copied if more space is required.

Name JoAnn Emerson | Page 5 of 7

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
JT	Bank of Oklahoma N.A. - CD	X			6-25-99	X									
JT	Provident Bank of MD - CD	X			6-25-99	X									
JT	EuroPacific growth Fund SBI	X			6-25-99	X									
JT	Growth Fund of America Inc	X			6-25-99	X									
JT	Investment Co. of America	X			6-25-99	X									
JT	Smallcap World Fund Inc.	X			6-25-99	X									

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Name JoAnn Emerson | Page 6 of 7

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decoretions Act (5 U.S.C. § 7342); politicel travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Pew Trust	Mar 19-21	Wash, DC - Hershey, PA - Wash DC	Y	Y	N	none
	" Miss. Valley Flood Control Assn. Annual meeting	Dec 9-12	St. Louis, MO - New Orleans, LA - Wash, DC	Y	Y	N	none

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Name JoAnn Emerson | Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member, Advisory Committee	Arnesen Institute for Practical Politics, Public Affairs - Ohio Wesleyan Univ. Delaware, OH
Honorary Chair	Bill Emerson Group Charities, Inc., Washington, DC (unpaid office)
Trustee	Truman Scholarship Foundation
President	Mississippi Valley Flood Control Assn, Memphis, TN

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 2000 62-753 (mac)

Use additional sheets if more space is required.

JO ANN EMERSON
MEMBER OF CONGRESS
8TH DISTRICT, MISSOURI

HOUSE COMMITTEE ON
APPROPRIATIONS

SUBCOMMITTEES
AGRICULTURE
TREASURY, POSTAL SERVICE, GENERAL
GOVERNMENT
DISTRICT OF COLUMBIA

E-mail joann.emerson@mail.house.gov
Web Page: http://www.house.gov/emerson/

Congress of the United States
House of Representatives
Washington, DC 20515–2508

OFFICES:
SUITE 132
CANNON BUILDING
WASHINGTON, DC 20515
202/225–4404

THE FEDERAL BUILDING
339 BROADWAY
CAPE GIRARDEAU, MO 63701
573/335–0101

612 PINE
ROLLA, MO 65401
573/364–2455

22 EAST COLUMBIA
FARMINGTON, MO 63640
573/756–9755

May 11, 2000

MC

HAND DELIVERED

Committee on Standards of Official Conduct
U.S. House of Representatives
Suite HT-2, The Capitol
Washington, DC 20515-6328

This letter is to verify that I participated in the Kmart Kids Against Drugs event on September 22, 1999. As a result of my participation, a $500 donation was made in my name to the drug prevention charity of my choice. That charity was the West Plains Community 2000 program in West Plains, Missouri. The check was sent directly from Kmart to the charity.

If you have further questions regarding this matter please feel free to contact me at 202-225-4404.

Sincerely,

JO ANN EMERSON
Member of Congress

JAE/kg

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U.S. HOUSE OF REPRESENTATIVES

Susan Pool

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
00 MAY 26 AM 10:34
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

JoAnn Emerson
(Full Name)

1637 Themis Street
(Mailing Address)

Cape Girardeau, MO 63701

Daytime Telephone: 202-225-4404

Filer Status	[X] Member of the U.S. House of Representatives	State: Missouri District: 08	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	JoAnn Emerson	5/15/00

1637

Name JoAnn Emerson | Page 2 of 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1999	$500
KMart Race Against Drugs	Participation in event	Sept. 22, 1999	$500.00

This page may be copied if more space is required.

Name JO Ann Emerson | Page 3 of 1

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each* asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP	Examples:	SP					X								X										X								P
DC					Indefinite																Royalties									X			
JT								X									X										X						
	Metlife Investment & Fiduciary Services 485-B Metropolitan Corp Iselin, NJ 08830 (Money Market Acct.)				X												X						X										
JT	Bank of Oklahoma, NA (CD)				X												X					X											P
JT	Provident Bank of MD (CD)				X												X					X											P
JT	Euro Pacific Growth Fund SBI				X												X						X										P

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jo Ann Emerson

Page 4 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	Growth Fund of America Inc			X												X						X										P
JT	Investment Co. of America			X												X						X										P
JT	Small Cap World Fund Inc			X												X						X										P

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SCHEDULE IV — TRANSACTIONS

Name JtAnn Emerson | Page 5 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependant child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
JT	Bank of Oklahoma N.A. - CD	X			6-25-99	X									
JT	Provident Bank of MD - CD	X			6-25-99	X									
JT	EuroPacific Growth Fund SBI	X			6-25-99	X									
JT	Growth Fund of America INC	X			6-25-99	X									
JT	Investment Co. of America	X			6-25-99	X									
JT	Smallcap World Fund Inc.	X			6-25-99	X									
	2210 Lakewood Drive Cape Girardeau, MO 63701		X		2-18-99					X					

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Name JoAnn Emerson | Page 6 of 7

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Pew Trust	Mar 19-21	Wash, DC - Hershey, PA - Wash DC	Y	Y	N	none
	Miss. Valley Flood Control Assn. Annual Meeting	Dec 9-12	St. Louis, MO - New Orleans, LA - Wash, DC	Y	Y	N	none

This page may be copied if more space is required.

Name Jo Ann Emerson | Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member, Advisory Committee	Arnison Institute for Practical Politics, Public Affairs - Ohio Wesleyan Univ. Delaware, OH
Honorary Chair	Bill Emerson Group Charities, Inc., Washington, DC (unpaid office)
Trustee	Truman Scholarship Foundation
President	Mississippi Valley Flood Control Assn, Memphis, TN

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 15 PM 5:13
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
(4)
MC
HAND DELIVERED
(Office Use Only)

Rep. Eliot L. Engel
(Full Name)

2303 Rayburn House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone
202/225-2464

Filer Status	[X] Member of the U.S. House of Representatives	State: New York District: 17th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearence, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics In Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Eliot L. Engel	May 15, 2000

1644

Name Rep. Eliot L. Engel

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP, DC, JT	*Examples:*	SP					X								X										X								P
				Indefinite																	Royalties									X			
								X									X										X						
	Cong Fedl Credit Union				X												X						X										
	Israeli Bonds					X											X						X										

For additional assets and unearned income, use next page.

Name Rep. Eliot L. Engel

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Cong Fedl Credit Union	Loan	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Assoc of American Railroads	1/10-13	DC-Phoenix, AZ-DC	Y	Y	Y	N
	Natl Albanian Amer Council	2/11-14	NY-Paris-Israel	Y	Y	Y	N
	Jewish Community Rel Counc	2/14-21	Israel-NY-DC	Y	Y	Y	N
	Natl Albanian Amer Council	9/2-8	NY-Albania-FYROM-Kosova-Italy-NY	Y	Y	N	N

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FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999 | For use by Members, officers, and employees

00 MAY 12 PM 12:20

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(5)

MC HAND DELIVERED
(Office Use Only)

PHILIP S. ENGLISH
(Full Name)

1410 LONGWORTH HOUSE OFFICE BUILDING
(Mailing Address)

WASHINGTON, D.C. 20515

Daytime Telephone (202) 225-5406

Filer Status	☒ Member of the U.S. House of Representatives	State: PENNSYLVANIA District: 21	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Philip S. English	5/11/00

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	SCHOOL DISTRICT, CITY OF ERIE	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A		BLOCK B												BLOCK C							BLOCK D											BLOCK E
			A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:*	SP	Mega Corp. Stock				X								X										X								P
			Simon & Schuster		Indefinite																Royalties								X				
			1st Bank of Paducah, KY accounts					X									X									X							
JT	530 W. 6th ST., ERIE, PA.							X								X										X							
	MERRILL LYNCH ACCOUNT						X										X								X								

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	BANK UNITED OF TEXAS FSB (HOUSTON, TX)	MORTGAGE ON 530 W. 6th ST., ERIE, PA				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	TAX COUNCIL POLICY INSTITUTE	MARCH 12-13	WASH., D.C. - WEST PALM BEACH, FLA. - PITTSBURGH, PA.	Y	N	N	N
	ASPEN INSTITUTE - CONGRESSIONAL RETREAT	MARCH 19-21	WASH., D.C. - ~~[illegible]~~ HERSHEY, PA. - ERIE, PA.	Y	Y	Y	N
	AMERICAN ASSOCIATION OF RAILROADS	APRIL 9-12	ERIE, PA - PALM BEACH, FLA. - WASH., D.C.	Y	Y	N	N
	NOVOGRADAC & CO. LLP., CPA	MAY 14-15	WASH., D.C. - DALLAS, TX. - ERIE, PA.	Y	N	N	N
	INVEST TO COMPETE ALLIANCE	JULY 2-8	WASH., D.C. - HYANNIS, MASS. - ERIE, PA.	Y	Y	Y	4 DAYS

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

Anna Georges Eshoo
(Full Name)

40 Isabella Avenue
Atherton California 94027
(Mailing Address)

Daytime Telephone: 650-323-2984

Filer Status	[X] Member of the U.S. House of Representatives — State: California District: 14th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Anna Georges Eshoo	May-9-2000

Name Anna Georges Estoo | Page 1 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Kaene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	County of San Mateo, California Retirement Fund	Retirement Benefit	$8035.00

For payments to charity in lieu of honoraria, use Schedule II.

Name Anna Georges Eshoo | Page 2 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of Americen Associations, Wash., D.C.	Speach	Feb. 2, 1999	$2,000
XYZ Magazine	Article	Aug. 13, 1999	$500
Fay Improvement Company (contribution made directly to The Catholic Worker House of San Mateo County 545 Cassia Street Redwood City California)	Speech to Group @ University Club Wash. D.C.	April 13 1999	$1000 00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock					X								X										X								P
	Simon & Schuster		Indefinite																	Royalties									X			
	1st Bank of Paducah, KY accounts						X									X									X							
	The Hartford Group/Deferred Comp Plan							X						Deferred Compensation Plan													X					
	County of San Mateo/Retirement			X										Retirement Plan											X							n/a
	Washington Mutual/Checking		X												None							None										n/a
	Washington Mutual/Savings		X													X						X										n/a
	San Mateo Credit Union		X													X						X										n/a
	Penn Mutual Life Ins Co.		X													X							X									n/a

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Anna Georges Eshoo

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SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Wright Patman Credit Union/Checking		X													X						X										n/a
	Wright Patman Credit Union/Savings		X													X						X										n/a
	Riggs Bank		X													X						X										n/a
	Paine Webber																															
	Money Market Fund		X													X						X										n/a
	Mutual Fund				X									X												X						n/a
	IRA			X										X											X							n/a
	Equities																															
	Gannett Co.				X									X											X							
	Federal Thrift Savings Plan						X							Deferred Compensation Plan													X					

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SCHEDULE IV — TRANSACTIONS

Name Anna Georges Eshoo | Page 5 of 8

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	Deere Company stock purchased 100 shares 8/7/96 Net gain / $72 48		X		11-12-99	X									

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Name Anna Georges Estrada | Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	First Nationwide Mortgage P.O Box 7175 - Pasadena - California - 91009	Mortgage on my home at 40 Isabella Ave / Atherton / Calif					X					
	Sanwa Bank California P.O. Box 54499 - Los Angeles - California - 90054-0499	Home Equity Line of Credit		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
	-NONE-	

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Harvard University Health Policy Conference sponsored by a grant from the Commonwealth Fund	January 21 to 23	Wash, D.C. Natl to Miami to SF $1496 airfare / $1 and transport $68.1	Y $305.00	Y $335.03	N	N
Aspen Institute / Bi Partisan Congressional Retreat Hershey-Pennsylvania	March 19 to 21	Bus + Train = $118.00 Lodging + Food total Pkg / $298.00 Other misc. expenses / $60.00	Y Y	Y Y	N N	N N
Aspen Institute (Congressional) U.S. China Conference on China Relations Beijing - Yangtze River - Shanghai	March 28 to April 5	SFO - Tokyo - Beijing Return Shanghai - Tokyo - SFO $403.40 Inside China Flights $500.00 Ground Transport $250.00	$1750.00	$1050.00		
National Cable Television Assoc. Meeting in Chicago, Illinois National Conference	June 11 to 14	Wash D.C / National Airport to O'Hare / Chicago / to Wash. D.C. $1629.31 Ground Transport $267.00	$143.67	$32.00	N	Spent 2 nites w/ family (no expense to NCA)
Cato Institute Telecommunications Roundtable Participant in Congressional Conference	July 17	Drove personally to Conference	N	$81.25 (breakfast + luncheon)	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	-NONE-

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	-NONE-	

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

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1662

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999	Form A For use by Members, officers, and employees

Bobby R. Etheridge
(Full Name)

Route 6 Box 594
(Mailing Address)

Lillington NC 27546

Daytime Telephone: 202-225-4531

Filer Status	[X] Member of the U.S. House of Representatives	State: NC District: 02	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	X	
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	X	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your epouse, or dependent child?		X
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?		X

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Bobby R. Etheridge	5/15/2000

Name Bobby R. Etheridge | Page ___ of ___

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Harnett Board of Education	Spouse Salary	NA
	State of North Carolina	State/Legislative Pension	$9,226.44

For payments to charity in lieu of honoraria, use Schedule II.

Name Bobby R. Etheridge	Page___ of ____

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$ 500
	Kmart Corporation	Tractor Race	September 22, 1999	$500.00

Name Bobby R. Etheridge | Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description iin this block.	BLOCK D **Amount of Income** For retirement plans that do not allow you to choose specific investments, you may write "NA" for income For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP	Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Centura Bank		$1,001 - $15,000	Dividends	$1 - $200	NA
	Carolina Power & Light Co.		$1,001 - $15,000	Dividends	$201 - $1,000	NA
	Openheimer Equity Income Fund		$1,001 - $15,000	Dividends	$1 - $200	NA
JT	Dean Witter Money Market Trust		$15,001 - $50,000	Dividends	$1,001 - $2,500	NA
	IRA (Triangle Bank Stock)		$1,001 - $15,000	None	None	NA
JT	Farm - Rt. 1, Broadway, NC		$50,001 - $100,000	Rent	$2,501 - $5,000	NA

Name Bobby R. Etheridge | Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Commercial Property, Lillington East McNeil Street	$15,001 - $50,000	None	None	NA
SP	NC State Retirement Pension	None	None	None	NA
	NC State Deferred Compensation Plan (401K)	$50,001 - $100,000	None	None	NA
JT	Rental Property, Lillington, NC (house)	$15,001 - $50,000	Rent	$2,501 - $5,000	NA
SP	NC State Deferred Compensation (401K)	None	None	None	NA
	Triangle Bank (Stock)	$1 - $1,000	Dividends	$1 - $200	NA
	Individual IRA	$15,001 - $50,000	None	None	NA
SP	Individual IRA	$15,001 - $50,000	None	None	NA

Name Bobby R. Etheridge | Page ____ of ____

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
JT	Individual Note Payment-Joe and Susanne Langley	Sold	June 1, 1999	$15,001 - $50,000

Name Bobby R. Etheridge	Page ___of___

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts only if the balance at the close of preceding calendar year

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St. Dover, Del.	$100,001 - $250,000
JT	Triangle Bank, Dunn NC	Farm and Commercial Property	$15,001 - $50,000

Name	Page ____ of ____

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.
Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.
Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Name Bobby R. Etheridge | Page ____ of ____

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Aspen Institute	March 19-21	Wash., D.C. -Hershey - Wash., D.C.	Y	Y	Y	N
Goldman Sachs	November 22	Raleigh, N.C. -New York, N.Y., -Wash., D.C.	N	N	N	N
Congressional Economic Leadership Institute	August 10-14	Raleigh, N.C. - Seattle, WA -Raleigh, N.C.	Y	Y	Y	1 Day

Name Bobby R. Etheridge	Page____ of _____

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Advisory Board	Ochoneeche Boy Scout Council

Name	Page ___ of ___

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

BOB ETHERIDGE
2D DISTRICT, NORTH CAROLINA

COMMITTEE ON AGRICULTURE
SUBCOMMITTEES:
LIVESTOCK AND HORTICULTURE
RISK MANAGEMENT, RESEARCH, AND SPECIALTY CROPS

COMMITTEE ON SCIENCE
SUBCOMMITTEES:
BASIC RESEARCH
SPACE AND AERONAUTICS

REGIONAL WHIP

Congress of the United States
House of Representatives
Washington, DC 20515

1641 LONGWORTH BUILDING
WASHINGTON, DC 20515
(202) 225-4531

DISTRICT OFFICES:
SUITE 490
225 HILLSBOROUGH STREET
RALEIGH, NC 27603
(919) 829-9122

P.O. BOX 1258
607 NORTH 1ST STREET
LILLINGTON, NC 27548
(910) 814-0335

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June 12, 2000

Attn: Mr. Jeff Trandahl
Clerk of the House
Legislative Resource Center
B-106 Cannon House Office Building
Washington, DC 20515

Dear Mr. Jeff Trandahl:

Attached you will find an amendment to the 1999 Member's Financial Disclosure, Schedule III. Please include this in the public record.

If you have any questions, please do not hesitate to contact Jennifer Eberhardt at 5-4531. Thank you for your assistance and attention to this matter.

Sincerely,

Bob Etheridge
Member of Congress

Name Bobby R. Etheridge	Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, apecify the type of income by writing a brief description iin this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp Stock 123 Main St., Dover, Del. 1st Bank of Paducah KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Centura Bank	$1,001 - $15,000	Dividends	$1 - $200	NA
	Carolina Power & Light Co.	$1,001 - $15,000	Dividends	$201 - $1,000	NA
	Openheimer Equity Income Fund	$1,001 - $15,000	Dividends	$1 - $200	NA
JT	Dean Witter Money Market Trust	$15,001 - $50,000	Dividends	$1,001 - $2,500	NA
JT	Farm - Rt. 1, Broadway, NC	$50,001 - $100,000	Rent	$2,501 - $5,000	NA
JT	Commercial Property, Lillington East McNeil Street	$15,001 - $50,000	None	None	NA

Name Bobby R. Etheridge | Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	NC State Retirement Pension	None	None	None	NA
	NC State Deferred Compensation Plan (401K)	$50,001 - $100,000	None	None	NA
JT	Rental Property, Lillington, NC (house)	$15,001 - $50,000	Rent	$2,501 - $5,000	NA
SP	NC State Deferred Compensation (401K)	None	None	None	NA
	Triangle Bank (Stock)	$1 - $1,000	Dividends	$1 - $200	NA
	IRA (Carolina Power & Light Stock)	$1,001 - $15,000	Dividends	None	NA
	IRA (Morgan, Stanley, Dean-Witter Stock)	$1,001 - $15,000	Dividends	None	NA
	IRA (Coho Eugene & Co. Stock)	$1 - $1,000	Dividends	None	NA
	IRA (Triangle Bank Stock)	$1,001 - $15,000	Dividends	None	NA
	IRA (Sprint Com Stock)	$1,001 - $15,000	Dividends	None	NA
	IRA (Sprint PCS Stock)	$1,001 - $15,000	Dividends	None	NA
	IRA (Unifi Inc. Stock)	$1 - $1,000	Dividends	None	NA
	IRA (UPS Stock)	$1 - $1,000	Dividends	None	NA
	IRA (Phillip Morris Stock)	$1,001 - $15,000	Dividends	None	NA
SP	IRA (Sprint PCS Stock)	$1,001 - $15,000	Dividends	None	NA
SP	IRA (Sprint Com Stock)	$1,001 - $15,000	Dividends	None	NA
SP	IRA (Dupont Stock)	$1,001 - $15,000	Dividends	None	NA
SP	IRA (Conoco Inc. Stock)	$1,001 - $15,000	Dividends	None	NA
SP	IRA (Baker Hughes Inc. Stock)	$1,001 - $15,000	Dividends	None	NA

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES
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(Office Use Only)

Lane A. Evans
(Full Name)

2335 Rayburn HOB
(Mailing Address)

Washington, DC 20515

Daytime Telephone (202) 225-5905

Filer Status	[x] Member of the U.S. House of Representatives	State: Illinois District: 17	[ ] Officer or Employee	Employing Office
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [x]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [x]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [x] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [x]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [x]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [x]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Lane A. Evans	May 12, 2000

1676

Name Lane A. Evans

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: $1,000,001 – $5,000,000	I: $5,000,001 – $25,000,000	J: $25,000,001 – $50,000,000	K: Over $50,000,000	L	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: $1,000,001 – $5,000,000	X: Over $5,000,000	XI	Block E
SP, DC, JT	*Examples:* SP Mega Corp. Stock						X								X											X								P
	Simon & Schuster			Indefinite																	Royalties									X				
	1st Bank of Paducah, KY accounts							X									X										X							
	406 S. Capitol St., SE ~~Washington, DC~~								X							X												X						
	~~Plow & Planter Employees~~ Credit Union, IRA, Moline, IL			X													X							X										
	Wright Patman Federal Credit Union, Savings Accts. & IRAs, Wash., DC						X										X									X								

For additional assets and unearned income, use next page.

Name Lane A. Evane

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Bank of America, Baltimore, MD	Mortgage on				x						
		406 S. Capitol St., SE										
	Riggs Bank, Washington, DC	Mortgage on 406 S. Capitol St., SE			x							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
American Corn Growers Assn.		Feb. 5-7	Wash.,DC-Nashville-Wash.,DC	Y	Y	N	N
Maritime Trades Dept. - AFL-CIO		Feb.14-16	Moline,IL-Miami-Moline,IL	Y	Y	N	N

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Name	Lane A. Evans	Page 4 of 4

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Skills, Inc., Moline, IL
Director	Center for Mind-Body Studies, Washington, DC

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

00 MAY 15 PM 4:59
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED (10)
MC
(Office Use Only)

R. TERRY EVERETT
(Full Name)

2312 RAYBURN BUILDING
(Mailing Address)

WASHINGTON, D.C. 20515

Daytime Telephone (202) 225-2901

Filer Status	[X] Member of the U.S. House of Representatives	State: AL District: 2nd	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	R. Terry Everett	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U.S. House of Representatives - Congressman	U.S. Representative	129,081
	Union Springs Newspaper - Wife	Management	31,200

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$500
	NONE			

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Name R. TERRY EVERETT

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock					X								X										X								P
DC	Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
SP	Merrill-Lynch - CMA			X										X								X										
	400 Acre Farm Houston County, AL								X											Farm Income							X					
	Stock in: Union Springs Newspaper						X							X							X											
	Due from: Everett for Congress							X								X					X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name R. TERRY EVERETT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Merrill-Lynch - CMA																															
	Money Funds								X					X												X						
	Merrill-Lynch - U.S.																															
	Treasury Notes								X							X												X				
	Merrill-Lynch -																															
	HealthSouth Corp.						X							X							X											
	Merrill-Lynch Mutual Funds																															
	AIM Constellation Fd.						X							X												X						
	Davis NY Venture						X							X											X							
	Franklin Growth Fund					X								X										X								
	J. Hancock Financial						X							X							X											
	M.L. Fundamental Growth						X							X												X						
	Pioneer Growth						X							X												X						
	S & P Industrial 1999 E				X									X								X										P
	S & P Industrial 1999 F					X								X									X									P
	Select 10 1999 S4					X								X									X									P
	Select 10 1999 SC UK				X									X							X											P
	Templeton World Fund			X										X									X									
	Merrill-Lynch Annuity:																															
	PFG Endeavor Variable							X						X													X					
	Merrill-Lynch Mutual Funds																															
	S & P Industrial 98E	X												X									X									S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name R. TERRY EVERETT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Merrill-Lynch Mutual Funds:																															
	Select 10-984 Dow	X												X									X									S
	S & P Industrial - 98F	X												X									X									S
	Select 10-98C UK	X												X									X									S
	First Federal of the South:																															
	Checking				X											X							X									
	Investment						X									X										X						
	C.D.						X									X										X						
	I.R.A.			X												X							X									
SP	I.R.A.			X												X							X									
	Bank of the South - M.M.								X							X											X					
	Congressional Federal C.U.					X										X							X									
JT	BHC Securities	X												X								X										S
	Colonial Bancgroup - 9766							X						X												X						
SP	Colonial Bancgroup - 5696						X							X											X							*
JT	Colonial Bancgroup - 5000						X							X											X							
SP	Colonial Bancgroup -	X												X							X											*
	Notes receivable on 2 personal residences in Coffee and Houston Counties, AL					X										X									X							
	Compass Bank - M.M.				X											X							X									

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*472 combined with 5,224 shares = 5,696 shares

SCHEDULE IV — TRANSACTIONS

Name R. TERRY EVERETT

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	Merrill-Lynch Mutual Funds:														
	S & P Industrial 98E		X			X									
	Select 10-984 Dow		X				X								
	S & P Industrial 98F		X				X								
	Select 10-98C UK		X			X									
JT	BHC Securities		X		1/06/99	X									
	Merrill-Lynch U.S. Treasury Notes		X		11/01/99					X					
	Merrill-Lynch:														
	S & P Industrial 1999E	X			8/02/99		X								
	S & P Industrial 1999F	X			9/20/99		X								
	Select 10 1999 S4	X			9/13/99			X							
	Select 10 1999 SC UK (1998 Select 10 SC UK rollover)	X			10/05/99		X								

This page may be copied if more space is required.

Name	R. TERRY EVERETT	Page 8 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Bank of the South - Campaign Loan	Campaign Loans				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

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	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	NONE						

This page may be copied if more space is required.

Name	R. TERRY EVERETT	Page 10 of 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in en employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

GPO. 2000 82-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 17 PM 1:44
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
POSTMARK ILLEGIBLE

(11)

Thomas W. Ewing
(Full Name)

310 West Lincoln Street
(Mailing Address)

Pontiac, IL 61764

Daytime Telephone
(815) 844-7660

Filer Status	[X] Member of the U.S. House of Representatives	State: Illinois District: 15	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

Office Use Only

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

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II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

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EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		May 12 , 2000

1691

Name	Page 2 of 11
Thomas W. Ewing	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State Farm Mutual Automobile Insurance Co.	spouse salary ½ year	NA
	State of Illinois	legislative pension	$48,017.76
	Livingston County Broadcasters, Inc.	salary	$ 5,000.00
	State Farm Mutual Automobile Insurance Co. Pension	spouse pension ½ year	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Thomas W. Ewing	Page 3 of 11

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$500
	NONE			

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Name Thomas W. Ewing

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset												Block C: Type of Income							Block D: Amount of Income											Block E: Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock					X								X										X								P
	Simon & Schuster		Indefinite																	Royalties									X			
	1st Bank of Paducah, KY accounts						X									X										X						
	Pontiac National Bank Pontiac, IL (account)			X																		X										
	Principal National Bank Corp Inc., Pontiac, IL (stock)						X							X												X						
	Pontiac Bancorp., Inc. Pontiac, IL (stock)			X										X								X										
	Lexington Bank Lexington, IL (account)				X																X											
	State Bank of Graymont Graymont, IL (account)				X																X											
	Ewing Bros. Farm, Logan Co. IL 1/3 int. in 120 A.						X								X										X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas W. Ewing

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Sale of lots; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
	Connell Farm, Logan Co.IL ½ int. in 137 a.	F	RENT	VII	
	S.Y. Ewing Farm-McLean Co.,IL ½ int. in 160 a.	G	RENT	VII	
	Odell Farm Trust 625, 300a. Livingston Co.(gross income)	G	RENT	VII	
	Newtown Farm, 92 a. Livingston Co., (gross income)	F	RENT	VII	
	Fairway View Subdivision, Livingston Co.½ int. 15a.(net)	G	Sale of lots	VII	
	Fairway View Farm Deerfield Rd. Pontiac,IL ½ int.30a. (gross)	G	RENT	VII	
	McLean Rental House McLean, IL (gross)	D	RENT	V	
JT	Residence, 310 W. Lincoln Pontiac, IL	F		I	
	Livingston Co. Broadcasters, Inc.: 2 shares	E	DIVIDENDS	V	
	State of IL Employees Deferred Compensation Plan	F		I NA	
	State Farm Life Ins. Co. Flexible Prem. Annuity IRA	D		I NA	
	Lot 6, Gardner-Ewing Add. Fairway View Sub.,Pontiac,IL	E		I X	
	Pontiac National Bank Thomas W. Ewing Profit Sharing Pension Plan Assets:				
	Cash	E	DIVIDENDS	III	
	Kemper Portfolios	D	DIVIDENDS	III	
	Alcatel Sponsored ADR	D	DIVIDENDS	II	P
	Archer Daniels Midland	B	DIVIDENDS	II	
	Community Bank-Galesburg	E	DIVIDENDS	II	
	Bellsouth Corp.	D	DIVIDENDS	II	
	Buca, Inc.	D	DIVIDENDS	I	P
	Caterpillar Inc Del	B	DIVIDENDS	II	
	GTE Corp.	D	DIVIDENDS	II	P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas W. Ewing

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	General Electric Co.				X									X									X									
	Intel Corp.				X									X								X										
	McDonalds Corp.			X										X								X										
	Microsoft Corp.				X									X							X											
	Morgan J P & Co., Inc.			X										X								X										
	Pepsico, Inc.			X										X								X										
	PNB Holding Co.				X									X										X								
	SBC Communications, Inc.			X										X								X										P
	Tricon Global Restaurants			X										X							X											
	United Parcel Serv. Inc.			X										X								X										P
	Southwest Royalties			X										X								X										
	DuPont E I De Nemours			X										X											X							S
	NWNL Companies		X											X									X									
SP	Principal National Bancorp. stock					X								X										X								
SP	Pontiac National Bank Account			X												X					X											
SP	BankOne, checking			X																		X										
SP	State Farm Growth Fund, Inc. Mutual Fund			X										X									X									
SP	State Farm Balanced Fund Mutual Fund			X										X									X									
SP	State Farm Equity Fund Retirement Fund							X						X							X											
SP	State Farm Balance Fund Mutual Fund Retirement						X							X							X											
SP	LaGrange Condo, 416 East Ave., Cook County, IL					X															X											S
JT	DC Condo, 761 Delaware SW Washington, DC						X								X									X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas W. Ewing

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction (P, S, E)
	Livingston Service Co. stock	B: $1 – $1,000	DIVIDENDS	I: None	
SP	State Farm Credit Union	D: $15,001 – $50,000	DIVIDENDS	I: None	
SP	State Farm Credit Union IRA	C: $1,001 – $15,000			
SP	Fruit of the Loom	B: $1 – $1,000	DIVIDENDS	I: None	
	Fruit of the Loom	B: $1 – $1,000	DIVIDENDS	I: None	
SP	Merrill Lynch Accounts: Cash account	C: $1,001 – $15,000		III: $201 – $1,000	
SP	Alcatel Spon Adr	C: $1,001 – $15,000	DIVIDENDS	II: $1 – $200	P
SP	Coca Cola Com	C: $1,001 – $15,000	DIVIDENDS	II: $1 – $200	P
SP	GTE Corp.	C: $1,001 – $15,000	DIVIDENDS	II: $1 – $200	P

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Name Thomas W. Ewing

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
	Lot 17, Gardner-Ewing Addition to Fairway View Subdivision, Pontiac, IL (½ interest)		X		08-02-99		X								
	Lot 25, Gardner-Ewing Addition to Fairway View Subdivision, Pontiac, IL (½ interest)		X		10-06-99		X								
	Alcatel Sponsored ADR, stock	X			11-30-99	X									
	Buca, Inc., stock	X			05-13-99	X									
	GTE Corp., stock	X			11-30-99	X									
	SBC Communications, stock	X			11-30-99	X									
	United Parcel Serv. Inc.	X			11-30-99	X									
	DuPont E I De Nemours		X		02-17-99	X									
SP	LaGrange Condo, 416 East Ave., Cook County, IL		X		06-30-99			X							
SP	Alcatel Spon Adr, stock	X			11-15-99	X									
SP	Coca Cola Com, stock	X			11-15-99	X									
SP	GTE Corp., stock	X			11-15-99	X									

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Name Thomas W. Ewing

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Pontiac National Bank, Pontiac, IL	Mortgage on 310 West Lincoln St., Pontiac, IL			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Burlington, Northern, Santa Fe	Jan. 7-10	Wash.,DC-Los Angeles, CA-Phoenix, AZ	Y	Y	Y	
Association of American Railroads	Jan. 10-13	Los Angeles, CA-Phoenix, AZ -Chicago, IL	Y	Y	Y	
U.S. Sugar	Jan. 25-28	Wash., DC-West Palm Beach, FL-Wash., DC	Y	Y	N	
New York Stock Exchange	Mar. 1-2	Wash, DC-New York-Wash.,DC	Y	Y	N	
Chicago Mercantile Exchange	Mar. 18-22	Wash.,DC-West Palm Beach, FL-Wash., DC	Y	Y	N	
Southern Peanut Growers Federation	July 25-27	Chicago, IL-Panama City, FL	Y	Y	Y	
American Sugar Alliance	Aug. 7-10	Wash., DC-Chicago, IL-San Francisco, CA-Chicago, IL	Y	Y	Y	
Ripon Educational Fund	Aug. 13-21	Chicago, IL-Stockholm, Sweden-Chicago, IL	Y	Y	Y	
American Crop Protection Association	Sept. 24-27	Wash., DC-White Sulpher Springs, WV-Wash., DC	Y	Y	Y	

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Principal National Bank Corporation, Inc. (Uncompensated)
Director	Livingston County Broadcasters, Inc.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	State of Illinois Deferred Compensation Plan	No distribution until age 65.
	State of Illinois General Assembly Pension	Benefits currently being received-payable at age 55.
	Thomas W. Ewing Profit-Sharing Pension	Owner of this plan does not currently qualify for any benefits under this plan.

GPO. 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 15 PM 1:03
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
(7)

HAND DELIVERED
(Office Use Only)

HON. ENI F.H. FALEOMAVAEGA
(Full Name)

2422 Rayburn House Office Bldg., Washington, DC 20515
(Mailing Address)

Daytime Telephone
202-225-8577

Filer Status	[x] Member of the U.S. House of Representatives	State: District:	[ ] Officer or Employee	Employing Office
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [x]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [x]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [xx]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	x Eni Faleomavaega	May 10, 2000

1702

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Continental Airlines	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E P, S, E
SP	Mage Corp. Stock					X								X										X								P
DC	Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
	IDS American Express Minneapolis, MN																															
	New Dimensions - A				X									X			X					(IRA)										
	New Dimensions - B				X												X								X							P
	Bond - Class B			X												X							X									
	High Yield Tax Exempt - B			X										X									X									
	Growth - Class B			X													X						X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HON. ENI F.H. FALEOMAVAEGA

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Utilities Income - B				x									x			x							x									
	Managed Allocation -A			x										x			x						x										
	Managed Allocation -B			x										x			x							x									
	International - ClassA			x										x			x							x									P,S
	International - ClassB			x										x			x							x									
	Strategy Aggressive-B	x																			x												S
	Flexible Annuity						x														x												
	New Dimensions - A			x										x			x				(IRA)												
	T. Rowe Price, Baltimore, MD																																
	Financial Services Fund			x										x								x											
	Midcap Growth Fund			x										x								x											
	Value Fund			x										x								x											
	Midcap Value Fund			x										x								x											
	Equity Index 500 Fund			x										x							x												
	Small Cap Value Fund			x										x								x											

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SCHEDULE IV — TRANSACTIONS

Name HON. ENI F.H. FALEOMAVAEGA

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mage Corporation Common Stock	X			10–12–99		X								
	IDS New Dimensions - B	x			1-14-99	x									
	IDS Strategy Aggressive - B		x		1-14-99	x									
	IDS International - Class A	x				x	(one purchase per month)								
	IDS International - Class A		x		6-04-99	x									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	Wright Patman Congressional Federal Cretit Union, Washington, DC	credit card	x									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Iran Zamin Foundation	Mar 8-11	Honolulu - Rome, Italy - Washington, DC	y	y	N	
	Aspen Institute	Mar 19-21	Wash, DC - Hershey, PA - Wash DC	Y	Y	Y	
	National Security Caucus Foundation	Oct 1-3	Wash DC - Boston, VA- Wash DC	Y	Y	N	
	Samoa Community Council of San Diego	Oct 16-17	Los Angeles - San Diego - Wash DC	Y	Y	N	

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

Sam Farr
(Full Name)

1221 Longworth House Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone: 202/225-2861

Filer Status	[x] Member of the U.S. House of Representatives	State: California District: 17	[ ] Officer or Employee	Employing Office:
Report Type	[x] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes [x]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes [ ]	No [x]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes [ ]	No [x]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? If yes, complete and attach Schedule VII.	Yes [ ]	No [x]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes [x]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes [ ]	No [x]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes [x]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes [ ]	No [x]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes [x]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Sam Farr

DATE (Month/Day/Year): 5-11-00

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Name Sam Farr

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$4,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 3rd)	Bogus Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Financial Transitions Institute (Hospice of Monterey)	Spouse's Income	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Sam Farr

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Asset and/or Income Source	A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock					X								X										X								P
	Simon & Schuster			Incidents																Royalties									X			
	1st Bank of Paducah, KY accounts						X									X										X						
	Chevy Chase Land Company					X								X												X						
	Devil's Flat Association (Big Sur)			X																	X											
	Point 16, Big Sur, CA							X							X											X						
	Interest in CA State Retirement System				X																X											
	Tahoe Cabin 1529 Washoe Way, CA				X										X										X							
	Sorensen's Resort Ltd. Partnership Interest				X															Partnership Income					X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sam Farr

Page 4 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1-$1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	Lots 2, 9, & 10 SE corner																															
	Santa Lucia & Camino Real																															
	Carmel, CA							X													X											
	Due to father's death in																															
	1997 and the consequent																															
	dissolution of the Janet																															
	H. Farr Trust, I acquired																															
	the following assets:																															
	Boeing Co. Stock					X								X									X									
	Brystol Myers Squibb Stock					X								X									X									
	Chevron Corp. Stock				X									X									X									
	Colgate Palmolive Stock					X								X									X									
	General Electric Stock						X							X									X									
	Hewlett Packard Stock					X								X									X									
	Intel Corp. Stock						X							X									X									
	IBM Corp. Stock				X									X									X									
	Lucent Tech. Stock				X									X								X										
	Merck Co. Stock				X									X									X									
	Motorola Inc. Stock					X								X								X										

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SCHEDULE #I — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sam Farr

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	P, S, E
	Pfizer Inc. Stock					X								X									X									S
	Schlumberger Ltd. Stock			X										X								X										S
	Hartford Fin. Svcs. Stock				X									X									X									
	Washington Mutual Stock			X										X									X									
	Waste Mgmt. Inc. Stock			X										X								X										
	Tyco International Ltd.				X									X								X										P
	Viata Lobos Apartments Carmel, CA (interest held through Farr Children's Trust and Delores Farr Trust/filer is 50% beneficiary)							X							X													X			
	Morgan Stanley Dean Witter Funds (Mutual Funds and Money Market Funds)				X									X									X									
	Congressional Credit Union Savings Account				X											X							X									

SCHEDULE IV — TRANSACTIONS

Name Sam Farr

Page 6 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000
SP	Example: Mega Corporation Common Stock	X			10-12 00		X								
	Pfizer Inc. Stock		X		4-15-99			X							
	Schlumberger Ltd.		X		9-8-99		X								
	Tyco International Ltd.	X			4-15-99	X									

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SCHEDULE V — LIABILITIES

Name Sam Farr

Page ___ of ___

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			A $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	California Bank Trust (formerly Sumitomo Bank of California, CA)	Mortgage on Home					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 29, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Chaka Fattah
(Full Name)

1205 Longworth House Office Building
(Mailing Address)

Washington PA 20515

Daytime Telephone: 202-225-4001

Filer Status	[X] Member of the U.S. House of Representatives	State: PA District: 02	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity' **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have meda on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Chaka Fattah	June 5, 2000

Name Chaka Fattah	Page ___ of ___

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	PA State Employee Retirement System	Pension	$3,900.00

For payments to charity in lieu of honoraria, use Schedule II.

Name Chaka Fattah	Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
PA State Employee Retirement System	$50.001 - $100.000	Pension reported as earned income	$2.501 - $5.000	NA

Name Chaka Fattah	Page ___ of ___

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	FirstUnion	Personal Loan	$10,001 - $15,000
	Law Office of Howard Goldsmith	Fees	$15,001 - $50,000

Name Chaka Fattah	Page ____ of ____

SCHEDULE VII – TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependant child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Education Finance Council	3/18/99 to 3/19/99	DC / Palm Spring / DC	Y	Y	N	None
Sallie Mae	5/14/99 to 5/15/99	DC / Panama City/ Philadelphia	Y	Y	N	None
Caribbean News	10/15/99 to 10/17/99	DC / St. Croix / DC	Y	Y	N	None

Name Chaka Fattah	Page____ of _____

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Board Member	Center for Human Advancement
Board Member	Philadelphia Urban League
Board Member	Family Charter School

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
00 MAY 18 PM 5:03
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES (6)
MC MAY 15 2000
(Office Use Only)

(Full Name) BOB FILNER

(Mailing Address) 2463 RAYBURN HOUSE OFFICE BLDG.
WASHINGTON, DC 20515

Daytime Telephone 225-7933

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 50	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Bob Filner	5/14/00

1722

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	SELF-EMPLOYED CONSULTANT	SPOUSE SALARY	NA
	PUBLIC EMPLOYEES RETIREMENT SYSTEM	PENSION	$10,749

For payments to charity in lieu of honoraria, use Schedule II.

Name BOB FILNER

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income
For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction
Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock					X								X										X								P
DC	Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
	CMA Money Fund (Merrill Lynch)			X										X									X									
	GUARDIAN MUTUAL FUND (Chevreux & Bernal)			X										X			X							X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BOB FILNER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	ML TECHNOLOGY VENTURES		X													X	X					X										
	NATL HEALTH INSUR CO. #1			X												X							X									
	NUVEEN CA. TAX-FREE FUND							X						X												X						
	OCTUS, INC.			X										X							X											
	SAN DIEGANS for BOB FILNER					X										(UA)					X											
	USE CREDIT UNION			X												X						X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BOB FILNER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Bank of America (checking)		X													X						X										
	Congressional FCU			X												X						X										
	L.A. County Sanit. Bonds			X												X							X									
	ML IRA (Merrill-Lynch)				X									X			X							X								
	S.D. County CTFS Bond-2001			X												X							X									
	S.D. County CTFS Bond-2009				X											X								X								
	CALIF. Health FCS Bond				X											X							X									
	Nat'l Health Insur. Co. H2					X										X								X								
	Fresno School Dist. Bond				X											X								X								

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	HEARTLAND LABOR CAPITAL PROJECT	JAN. 5	WASH, DC — MONTREAL, CANADA — WASH, DC	N	Y	N	N
	INT'L MANAGEMENT & DEVELOPMENT INSTIT.	JAN 13-17	WASH, DC — BERLIN, GERMANY — WASH, DC	Y	Y	N	Y-2 DAYS
	AMERICAN KURDISH INFORMATION NETWORK	JAN 16-17	BERLIN, GERMANY — BRUSSELS, BELG. — Berlin	Y	Y	N	N
	FAITH & POLITICS INSTITUTE	MAR 5-7	WASH, DC — ALABAMA — WASH, DC	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Rep. Ernest (Ernie) Lee Fletcher
(Full Name)

1117 Longworth House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202/225-4706

Filer Status	[X] Member of the U.S House of Representatives	State: KY District: 06	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	X	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?		X
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?		X

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CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Ernest L. Fletcher	5/15/00

1728

Name Rep. Ernest (Ernie) Lee Fletcher

Page 2 of 8

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	St. Joseph Medical Foundation (resigned effective 1/2/99)	'98 Salary Owed, Paid in '99	$8,577.88

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. Exclude Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For retirement plans that do not allow you to choose specific investments, you may write "NA" for income For all other assets, indicate the category of income by checking the appropriate box below Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT *Examples:* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
PNC Bank Accts	$1,001 - $15,000	Interest	$201 - $1,000	
Edward D. Jones Acct	$1 - $1,000	Dividends	$1 - $200	
Health Finance Inc IRA	$100,001 - $250,000	Capital Gains	$15,001 - $50,000	
Q Med Inc IRA	$1,001 - $15,000	Capital Gains and Dividends	None	
Mutual of America 403-B	$50,001 - $100,000	Capital Gains and Dividends	$5,001 - $15,000	
Medpartners Stock IRA	$1 - $1,000	Capital Gains and Dividends	$1 - $200	S
Applied Materials IRA	$1,001 - $15,000	Capital Gains and Dividends	None	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Goldman Sach IRA	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
	Small Cap World Fund IRA	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	
	Templeton Fund IRA	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	
	First Security IRA	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	
	Air Touch IRA	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	S
	Atmel Corp IRA	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	
	Fidelity Investments IRA	$50,001 - $100,000	Capital Gains and Dividends	$5,001 - $15,000	
	Cisco Sysiem Inc IRA	$15,001 - $50,000	Capital Gains and Dividends	None	
	Dollar General Corp IRA	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	
	Gillette Co IRA	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	
	3 Com IRA	$1,001 - $15,000	Capital Gains and Dividends	None	
	Physican Computer Network Stock	$1,001 - $15,000	Dividends	$1 - $200	
	Rental Property - 12 Moorefield Ct, Durham, NC	$100,001 - $250,000	Rent	$2,501 - $5,000	
	DuPont IRA	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	P
	Compaq Computer IRA	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	P
	Conoco, Inc IRA	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	E
	Caremark IRA	$1,001 - $15,000	Capital Gains and Dividends	None	E

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	Medpartners Stock IRA	Sold	2/4/99	$1,001 - $15,000
	Air Touch IRA	Sold	2/4/99	$1,001 - $15,000
	DuPont IRA	Purchase	2/4/99	$1,001 - $15,000
	Compaq Computer IRA	Purchase	7/23/99	$1,001 - $15,000
	Caremark IRA (formerly Medpartners)	Exchange	9/21/99	$1,001 - $15,000
	Conoco IRA (spin-off of part of DuPont purchase)	Exchange	8/6/99	$1,001 - $15,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Countrywide Home Loans, Raliegh, NC	Rental Property Loan	$100,001 - $250,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Harvard University - JFK School of Gov't - Health Care Conference	Jan. 21 - 24, 1999	DC -Miami, FL - DC	Y	Y	Y	N/A
Congressional Institute - Bi-Partisan Conference	Mar. 19 - 21, 1999	DC - Hershey, PA - DC	Y	Y	Y	N/A

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
CEO & President (resigned effective 1/2/99)	Family Health Physicians (formerly St. Joseph Medical Fdn)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
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U.S. HOUSE OF REPRESENTATIVES
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Mark Adam Foley
(Full Name)

113 Cannon Building (202) 225-5792
(Mailing Address) Daytime Telephone

Washington, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives — State: FL District: 16	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [XX]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Mark A Foley	June 8 2000

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Name	Page
Mark Foley	2 of 12

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	N/A		

For payments to charity in lieu of honoraria, use Schedule II.

Name Mark Foley

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$500
	American Society of Assn Executives	Speech	Sept 18 1999	$1000
	KMART Family Foundation	Sporting Event	Sept 22 1999	$500

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Name Mark Foley

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependant child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock					X								X										X								P
	Simon & Schuster		Indefinite																	Royalties								X				
	1st Bank of Paducah, KY accounts						X									X									X							
	Wright Patman Chkg,MM	Acct		X												X						X										
	Wright Patman CD's			X												X							X									
	First Union Chkg			X												X					X											
	Life Insurance Policy				X											X								X								
	30,000 VirtualSellers.Com				X									X							X											P
	* Name Change from Suncom																															

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Mark Foley

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
	300 Bank One	C	DIVIDENDS	III	P
	100 Boca Research	B	DIVIDENDS	I	P
	500 CVS	D	DIVIDENDS	II	P
	300 Compaq	C	DIVIDENDS	II	P
	100 Disney	C	DIVIDENDS	II	P
	500 FleetBoston	D	DIVIDENDS	III	P
	400 First Union	C	DIVIDENDS	III	P
	2000 Internet Capial	G	DIVIDENDS	I	
	500 Office Depot	C	DIVIDENDS	I	P
	300 Charles Schwab	C	DIVIDENDS	II	P
	100 Pfizer	C	DIVIDENDS	II	P
	200 Raymond James	C	DIVIDENDS	II	S
	500 Waste Mgt	C	RENT	II	P
	100 Oracle	C	DIVIDENDS	I	S
	1000 Rexall	C	DIVIDENDS	I	
	600 Riggs	C	DIVIDENDS	II	P
	512 Big Lake Bank	C	DIVIDENDS	III	P
	200 Florida Power & Light	B	RENT	IV	
	1000 Ameripath	C	RENT	I	
Jt	20,000 VirtualSellers Com	D	DIVIDENDS, INTEREST	I	
	~~500 Lodgian~~	C	CAPITAL GAINS		S
	* Formerly Service				

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Mark Foley

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	300 Mattel			X										X							X											S
	200 USA Detergents			X										X							X											S
	200 Dentsply			X										X							X											S
	300 Fusion Medical Tech			X										X							X											S
	200 Engle Homes			X										X							X											S
	100 Boeing			X										X							X											S
	400 Lehman Brothers				X									X							X											S
	3000 NSTOR Tech			X										X							X											S
	In IRA Account:																															
	311 Galaxy Prime Cap		X											X							X											
	1100 Advanced Healthcorp			X										X								X										P
	200 Becton Dickinson			X										X								X										P
	150 Boca Research		X											X							X											P
	257 CV REIT			X										X									X									
	2000 Internet Capital							X						X								X										P
	50 Televideo		X											X							X											
	25,000VirtualSellers.Com				X									X							X											P
	1000 Banyan Hotel		X											X							X											

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Name Mark Foley

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	Office Depot	X			12-27-99	X									
	Lodgian (Formerly Servico)		X		12-27-99	X									
	Mattel	X			7-23-99	X									
	Mattel		X		12-27-99	X									
	Charles Schwab	X			12-27-99	X									
	Waste Mgt	X			12-27-99	X									
	Bank One	X			12-27-99	X									
	Fleet Boston	X			12-28-99		X								
	First Union	X			12-28-99	X									
	CVS	X			12-29-99		X								
	Dentsply		X		7-15-99	X									
	Fusion Medical Technologies		X		7-15-99	X									
	Engel Homes		X		8-11-99	X									
	Internet Capital	X			8-4-99	X									
	Internet Capital: 2 for 1 split				12-16-99										
	Internet Capital: 2 for 1 split				12-16-99										

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SCHEDULE IV — TRANSACTIONS

Name Mark Foley

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
	Pfizer	X			7-21-99	X									
	Boeing		X		7-2-99	X									
	Lehman Brothers		X		7-2-99		X								
	Oracle: Split				3-1-99	X									
	Oracle		X		8-11-99	X									
	Raymond James	X			2-2-99	X									
	NSTOR Tech		X		2-5-99	X									
	Compaq	X			7-26-99	X									
	Disney	X			7-26-99	X									
	Virtual Sellers.Com	X			3-9-99	X									
	Becton Dickinson	X			3-9-99	X									
	Fusion Medical Tech	X			2-5-99	X									
	Boeing	X			1-4-99	X									
	In IRA Account:														
	Becton Dickinson	X			3-9-99	X									

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Name Mark Foley

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: a $1,001–$15,000	c $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-99		X								
	Boca Research	X			6-4-99	X									
	Internet Capital	X			8-4-99	X									
	Virtual Sellers.Com	X			3-23-99	X									
	Engle Homes		X		8-6-99	X									
	Fusion Medical Technologies		X		7-15-99	X									
	Dentsply		X		7-15-99	X									
	NSTOR Technologies		X		2-5-99	X									

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Name Mark Foley

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	N/A											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Universal Studios	1/7-1/11/99	DC-L.A.-West Palm	Bch Y	N	N	N
Seagram & Sons/Recording Industry Assn of America	3/12-3/14/99	DC - Orlando	Y	Y	N	N
Invest to Compete Alliance	7/2-7/5/99	DC-Cape Cod-DC	Y	Y	N	N
American Society of ASSN Executives	9/18-9/19/99	WPB-Naples-WPB	Y	Y	N	N
Wine & Spirits Wholesalers of America	9/26/-9/27/99	NY-Jax-DC	Y	Y	N	N
American Israel Education Foundation	8/17-8/25/99	NYC-Tel Aviv-NYC	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
N/A	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	

Use additional sheets if more space is required.

LEGISLATIVE RESOURCE CENTER
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OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

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1748

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999	Form A For use by Members, officers, and employees
Michael P. Forbes (Full Name)	
PO Box 245 (Mailing Address)	
Quogue NY 11959-0245	Daytime Telephone: 202-225-3826

Filer Status	[X] Member of the U.S. House of Representatives	State: NY District: 01	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Mike Forbes	5/13/00

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	General Services Administration	Spouse	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None"	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description iin this block.	BLOCK D **Amount of Income** For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP. Mega Corp. Stock SP. 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P.
	Condominium-3058 South Glebe, Arlington, VA 50% ownership	$100,001 - $250,000	Rent	$5,001 - $15,000	NA
JT	House-2 Seuss Path, Quogue, NY	$250,001 - $500,000	Rent	$15,001 - $50,000	NA

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SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
JT	Countrywide	Mortgage on 2 Seuss Path, Quogue, NY	$100,001 - $250,000
	Dittmar Financing	Mortgage on 3058 South Glebe, Arlington, VA	$50,001 - $100,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be seperately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Faith and Politics Institute	3/5-3/7/1999	DC-Birmingham, AL-DC	Y	N	N	NO
Americans for a Safe Israel	1/10-1/15/99	NYC-Tel Aviv-NYC	Y	N	N	NO

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Partner	Forbes & Gallagher (ownership of condo)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
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HOUSE OF REPRESENTATIVES

HAND DELIVERED (3)
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Harold E. Ford, Jr.
(Full Name)

58 Rivermist, Memphis, Tennessee 38103
(Mailing Address)

(202) 225-3265
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: Tennessee District: 9th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5-12-00

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Name	Page 2 of 5
Harold E. Ford, Jr.	

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of en honorarium. A separate confidential list of charities receiving such payments must be tiled directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1999	$500
International Paper Company Foundation	Speech	June 28, 1999	$2,000.00

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Name Harold E. Ford, Jr.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependant child (DC) or is jointly held (JT). In the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset — A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: Type of Income — DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	Block D: Amount of Income — I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: Transaction (P, S, E)
SP, DC, JT	*Examples:* SP Mega Corp. Stock					X								X										X								P
	Simon & Schuster		Indefinite																	Royalties								X				
	1st Bank of Paducah, KY accounts						X									X									X							
	First Funds-Growth & Income Fund			X										X		X	X						X									P

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	William D. Ford Federal Direct Loan ~~Program, U.S. Dept. of Education~~	Educational Loan	X									
	First TN Bank - Memphis, TN	Consumer Loan		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Oak Ridge Chapter of NAACP	Mar. 27-28	Memphis-Knoxville-Memphis	Y	Y	N	N
	Tennessee Valley Authority	Apr. 4-6	Memphis-Nashville-Memphis	Y	Y	N	N
	Tennessee Democratic Party	June 2-3	Memphis-Knoxville-Memphis	Y	Y	N	N
	Rotary Club of Chattanooga, TN	July 7-8	Memphis-Chattanooga-Mphs.	Y	Y	N	N
	TN AFL-CIO Labor Council	Sept12-13	Memphis-Nashville	Y	Y	N	N
	New Democrat Network	Oct. 25	Memphis-Atlanta-Wash DC	Y	Y	N	N
	Nat'l Alliance of Black School Educators	Nov. 12-13	Wash DC-Nashville-Memphis	Y	Y	N	N
	South Carolina State Univ.	Dec. 10-11	Memphis-Charlotte-WashDC	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

RECEIVED
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(6)

Vito John Fossella
(Full Name)

15 Grandview Terrace
(Mailing Address)

Staten Island, New York 10308

Daytime Telephone
(718) 356-8400

MC HAND DELIVERED
(Office Use Only)

Filer Status	☑ Member of the U.S. House of Representatives — State: ____ District: ____	☐ Officer or Employee	Employing Office: ____
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date: ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☑ No ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more then $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report mey be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	[signature]	5/12/00

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Name	Page
Vito John Fossella	1 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Chase Manhattan	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such paymants must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$500
	AIG New York, NY	Speech	12/9/99	$2,500
	($1,500 donated to S.I. Children's Campaign)			
	($1,000 donated to Bayfest Benevolent Association)			

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Name Vito John Fossella | Page 3 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP, DC, JT	Examples:	SP	Mega Corp Stock				X								X										X								P
			Simon & Schuster		Indefinite																Royalties								X				
			1st Bank of Paducah, KY accounts					X									X									X							
JT	Chase Manhattan Bank Account				X												X						X										
DC	Chase Manhattan Bank Account				X												X						X										
DC	Chase Manhattan Bank Account				X												X						X										
	NYC Deferred Comp					X									X										X								
SP	Chase Manhattan IRA						X										X									X							
SP	Chase Manhattan Theft Savings		X	(Rolled Over into IRA).																		X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Vito John Fossella

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP	Chase Manhattan Retirement Acct	X (Rolled over into IRA)		X	
	Merrill Lynch Mutual Fund (Value exceeded $1,000)	X	X	X	

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	National Ass'n of Broadcasters Convention	4/17-4/20/99	NY-Las Vegas-NY	Y	Y	N	N
	USO	7/1-7/5/99	NY-Budapest-Skopje-NY	Y	Y	N	N
	Cato Telecommunications Conference	7/17-7/19/99	NY-San Francisco-Wash DC	Y	Y	Y	N
	AIPAC (Israel Fact finding	8/11/99-8/22/99	NY-Tel Aviv	Y	Y	N	N
	HCI WorldCom Conference	8/22-8/29/99	Tel Aviv-Madrid-NY	Y	Y	N	N
	American Academy of Ophthalmology Speech	10/23-10/29/99	NY-Orlando-NY	Y	Y	Y	N
	USTA Telecommunications Conference	11/12-11/19/99	NY-Naples, Fl-NY	Y	Y	Y	N
	Mortgage Bankers Speech	10/9-10/10/99	NY-Boston-NY	Y	Y	Y	N

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U.S. HOUSE OF REPRESENTATIVES

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7

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

Form A
For use by Members, officers, and employees

Barney Frank
(Full Name)

2210 Rayburn Bldg.
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-5931

Filer Status	[X] Member of the U.S. House of Representatives	State: MA District: 04	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[ ]	[X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[X]	[ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[X]	[ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[X]	[ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	[X]	[ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[ ]	[X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	[ ]	[X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	[ ]	[X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Barney Frank	May 11, 2000

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Name Barney Frank | Page 2 of 7

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$ 500
	K-Mart Corporation (charitable contribution to Massachusetts Chapter of Mothers Against Drunk Driving)	Appearance	9-27-99	$500.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP *Mega Corp. Stock* *123 Main St., Dover, Del.* *1st Bank of Paducah, KY accounts*	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
TIAA-CREF Retirement Account	($34,470) $15,001 - $50,000	None	None	NA
McGraw-Hill Publishing Co. (Hightstown, NJ)	Indefinite	Royalties	$1 - $200	NA
AIM Stock IRA (Boston, MA)	($39,812) $15,001 - $50,000	None	None	NA
Citizens Bank (formerly US Trust) savings and checking accounts	$1,001 - $15,000 ($11,000)	Interest	$201 - $1,000	NA
4 Percent Interest in Breadline Restaurant (Washington, DC)	$15,001 - $50,000 ($25,000)	None	None	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	1401 17th Street, NW, Wash., DC (personal residence)	$50,001 - $100,000 ($63,000) see also Schedule V	None	None	NA
	Salomon Smith Barney Brokerage Acct. - Money Fund	$1 - $1,000	Dividends	$1 - $200	Sold (partially)
	Salomon Smith Barney Brokerage Acct. - Mutual Fund	$15,001 - $50,000 ($31,198)	Capital Gains	$201 - $1,000	NA
	Centennial Money Market Trust (IRA)	($1,775) $1,001 - $15,000	Interest	$1 - $200	P
	Liberty Funds Trust II (IRA)	($13,930) $1,001 - $15,000	Capital Gains	$201 - $1,000	P
	Pilgrim Mutual Funds Large Capital Growth Fund (IRA)	$15,001 - $50,000 ($37,080)	Capital Gains	$201 - $1,000	P
	UTS Nuveen Dow Portfolio (IRA)	($7,767) $1,001 - $15,000	Capital Gains	$201 - $1,000	P
	UTS Nuveen Nasdaq 100 Index (IRA)	($30,049) $15,001 - $50,000	Capital Gains	$201 - $1,000	P
	Mass. Investors Growth Stock Fund	($28,423) $15,001 - $50,000	Capital Gains	$201 - $1,000	P
	Mass. Housing Finance Agency (bonds)	($8,612) $1,001 - $15,000	Interest	$201 - $1,000	P
	Mass. Industrial Finance Agency (bonds)	($8,764) $1,001 - $15,000	Interest	$201 - $1,000	P

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	Fidelity Investments IRA (mutual funds)	Sold	Sept., 1999	$50,001 - $100,000 ($54,000)
	Salomon Smith Barney money fund	Sold (partial)	Nov. 29, 1999	$15,001 - $50,000 ($20,000)
	Liberty Funds Trust II (IRA)	Purchase	Sept. 2, 1999	$1,001 - $15,000 ($10,000)
	UTS Nuveen Dow Portfolio (IRA)	Purchase	Sept. 2, 1999	$1,001 - $15,000 ($10,000)
	UTS Nuveen Nasdaq 100 Index (IRA)	Purchase	Sept. 2, 1999	$15,001 - $50,000 ($20,000)
	Pilgrim Mutual Funds Large Capital Growth Fund (IRA)	Purchase	Sept. 2, 1999	$15,001 - $50,000 ($25,000)
	Mass Investors Growth Stock Fund	Purchase	July 22, 1999	$15,001 - $50,000 ($24,000)
	Mass. Housing Finance Agency (bonds)	Purchase	July 27, 1999	$1,001 - $15,000 ($9,826.40)
	Mass. Industrial Finance Agency (bonds)	Purchase	July 27, 1999	$1,001 - $15,000 ($9,764.50)

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Flagstar Bank (Bingham Farms, MI)	Mortgage on 1401 17th St., N.W. (personal residence)	$100,001 - $250,000
			($107,000) See also Schedule III

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Stonewall Los Angeles Democratic Club/Desert Stonewall Democrats (Palm Springs) [speeches][1]	May 7 - 10	Wash., DC - Palm Springs - Los Angeles - Wash, DC	Y	N	N	None
National Stonewall Democratic Federation [speech]	May 21 - 23	Wash. DC, - Atlanta - Boston [2]	Y	N	N	None
American Assoc. of Law Schools [speeches]	June 7 - 10	Wash., DC - New Orleans - Wash., DC	Y	Y	N	None
Pride '99 (Tulsa, OK) [speech and appearance]	June 12 - 13	Wash., DC - Atlanta - Tulsa - Dallas - Boston	Y	N	N	None
New Hampshire House Democrats	June 18 - 19	Wash., DC - Manchester - Wash., DC	Y	N	N	None
Cathedral of St. John Devine (New York, NY) [speech]	June 25 - 26	Wash., DC - New York - Wash., DC	Y	N	N	None
Jewish Community Ctr. of Central New Jersey [speech]	Oct. 17	Lodging only (at Newark airport) [3]	Y	N	N	None
Podium Productions, Ltd. (Toronto) [speech]	Nov. 26 - 29	Boston - Toronto [4]	Y	N	N	None
GRADS (Guys Responding and Demanding Safety) (Syracuse, NY) [speech]	Dec. 16 - 17	Lodging only (Syracuse) [5]	Y	N	N	None

1. Airfare costs split by Stonewall LA Democrats & Barney Frank for Congress Committee; Desert Stonewall paid for May 7 - 8 lodging, and Stonewall LA paid for May 9 lodging.
2. Airfare costs split by Natl. Stonewall Democratic Fed. & Barney Frank for Congress.
3. Airfare costs paid by Barney Frank for Congress.
4. Airfare for Toronto to Seattle (for WTO meetings) and then to Boston paid by Rep. Frank's official Congressional budget.
5. Airfare costs paid by Barney Frank for Congress.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
00 MAY 15 PM 5:05
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

(9)

HAND DELIVERED
(Office Use Only)

Robert D. Franks & Frances L. Smith
(Full Name)

20 Springholm Drive
(Mailing Address)

Daytime Telephone

Berkeley Heights, NJ 07922 (973) 994-9400 Brad E. Muniz

Filer Status: [X] Member of the U.S. House of Representatives — State: NJ District: 7 [ ] Officer or Employee — Employing Office.

Report Type: [X] Annual (May 15) [ ] Amendment [ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Robert Franks	5/15/00

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Name	Page 2 of 9
Robert D. Franks	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
U S House of Representatives	Salary	$127,460
State of New Jersey	Spouse Salary	$ 66,909

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page 3 of 9
Robert D. Franks	

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speach	Feb. 2, 1999	$2,000
XYZ Magazina	Article	Aug. 13, 1999	$500
NONE			

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Name Robert D. Franks

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for Income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP Mega Corp Stock					X								X										X								P
	Simon & Schuster			Indefinite																Royalties								X				
	1st Bank of Paducah, KY accounts						X									X									X							
	Legg Mason Preferred			X										X								X										
	Legg Mason IRA						X							X			X				N/A (IRA)											
	First Union			X												X						X										
	Summit Federal Savings & Loan			X												X						X										
	Federal Thrift Savings Plan						X														N/A											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert D. Franks

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Legg Mason Cash Reserve Trust		X											X								X										

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SCHEDULE IV — TRANSACTIONS

Name Robert D. Franks

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–99		X								
	NONE														

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Name Robert D. Franks

Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Isreal Education Foundation	Aug. 17-25	Newark, NJ - Tel Aviv Tel Aviv - Kennedy Airport New York	Y	Y	Y	

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Managers	Children's Specialized Hospital
Advisory Board	The Occupational Center
Board of Directors	Cerebral Palsey Association of Middlesex County
Advisory Board	United Family and Children's Society of Plainfield
Honorary Board Member	Armenian Genocide Memorial Museum of America
Friend	Garden State Cancer Center
Board Member	Somerset Alliance for the Future

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

GPO 2000 62-753 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999	FORM A For use by Members, officers, and employees

00 MAY 12 AM 11:41
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC
38
HAND DELIVERED
(Office Use Only)

Rodney P. Frelinghuysen
(Full Name)

335 James Street
(Mailing Address)

Morristown, New Jersey 07960

(908)439-3499 (Tina)
Daytime Telephone
(202)225-5034 (Rodney)

Filer Status	[X] Member of the U.S. House of Representatives	State: New Jersey District: 11	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [X]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I **CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Rodney P. Frelinghuysen	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spousa Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb 2, 1999	$2,000
XYZ Magazine	Article	Aug 13, 1999	$500
KMART Family Foundation	KMART Kids Race Against Drugs (Lawn Tractor Race)	Sept.22, 1999	$500.00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset												Block C: Type of Income							Block D: Amount of Income											Block E: Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock					X								X										X								P
	Examples: Simon & Schuster		Indefinite																	Royalties									X			
	Examples: 1st Bank of Paducah, KY accounts						X									X									X							
	See Continuation Sheets																															
	Pages 5 thru 25																															

For additional assets and unearned income, use next page.

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

ASSETS	YEAR-END VALUE	INCOME TYPE	1999 INCOME	1999 TRANSACTION
Johnson & Johnson	H	DIV	VI	
Pall Corp.	F	DIV	VI	DIV REINVEST.
Peapack Gladstone Financial Corp.	F	DIV	IV	
Summit Bancorp. - NJ	F	DIV	V	
Valley National Bancorp - NJ	C	DIV	II	
Procter & Gamble Co.	I	DIV	VII	DIV REINVEST.
International Business Machines	I	DIV	VI	DIV REINVEST.
Eli Lilly & Co.	I	DIV	VII	DIV REINVEST.
Computer Technology (IRA)	C	NONE	I	
Freedom Cash Management Fund(IRA)	C	DIV	II	
Peapack Gladstone Bank (CKG)	F	INT	III	
Chase Manhattan(SVGS)	D	INT	III	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

ASSETS	YEAR-END VALUE	INCOME TYPE	1999 INCOME	1999 TRANSACTION
Congressional Federal Credit Union	C	INT	I	
Aetna, Inc.	D	DIV	III	
First Union Corp.	D	DIV	IV	
Merck & Co., Inc.	G	DIV	VI	P
Pfizer, Inc.	F	DIV	IV	
Thomas & Betts Corp.	A	DIV	III	S
Warner Lambert Co.	G	DIV	V	
CATS - PRIN - Ser K	C	OID INT	III	
CATS - PRIN - Ser M	D	OID INT	IV	
CATS - PRIN - Ser Q	C	OID INT	IV	
Federated U.S. Government	E	INT	V	P

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

ASSETS	YEAR-END VALUE	INCOME TYPE	1999 INCOME	1999 TRANSACTION
Motorola, Inc.	E	DIV	III	
Intel Corp.	E	DIV	II	
American Express	E	DIV	III	
Lucent Technologies, Inc.	D	DIV	II	P
17.923 Acres unimproved land, Frelinghuysen Twp., NJ (Commercial Value 2/26/97)	F			
1/5th undivided interest in 235.8 acres of unimproved land, Stockbridge, Ma. (Est.Value)	E			

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : Marital Trust U/W Rodney Procter, Peter H. B. Frelinghuysen, Trustee (1/10th income interest)*

* All Assets listed are held in trust, and all transactions are initiated by the Trustee

The trust was not created directly by Rodney, his spouse or any dependents.

They are neither consulted nor give advice regarding these investments.

Neither Rodney, his spouse or any dependents receives monthly, quarterly, yearly reports of any type regarding this trust, excepting the Yearly K-1. Therefore, it qualifies as an Excepted Trust.

1999 Income received IV

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : Non-Marital Trust U/W Rodney Procter, Peter H. B. Frelinghuysen, Trustee (1/10th income interest)*

* All Assets listed are held in trust, and all transactions are initiated by the Trustee

The trust was not created directly by Rodney, his spouse or any dependents.

They are neither consulted nor give advice regarding these investments.

Neither Rodney, his spouse or any dependents receives monthly, quarterly, yearly reports of any type regarding this trust, excepting the Yearly K-1. Therefore, it qualifies as an Excepted Trust.

1999 Income received IX

CONTINUATION SHEET - SCHEDULE III

Identity : A.H. Frelinghuysen 1950 Trust,
Peter H. B. Frelinghuysen, Trustee
(1/5 income interest)*

* All Assets listed are held in trust, and all transactions are initiated by the Trustee

The trust was not created directly by Rodney, his spouse or any dependents.

They are neither consulted nor give advice regarding these investments.

Neither Rodney, his spouse or any dependents receives monthly, quarterly, yearly reports of any type regarding this trust, excepting the Yearly K-1. Therefore, it qualifies as an Excepted Trust.

1999 Income received VII

CONTINUATION SHEET - SCHEDULE III

Identity : Peter H.B. Frelinghuysen Trust U/D dated 1/17/57, Peter H.B. Frelinghuysen and George L. K. Frelinghuysen, Trustees (1/8th income interest)*

* All Assets listed are held in trust, and all transactions are initiated by the Trustee

The trust was not created directly by Rodney, his spouse or any dependents.

They are neither consulted nor give advice regarding these investments.

Neither Rodney, his spouse or any dependents receives monthly, quarterly, yearly reports of any type regarding this trust, excepting the Yearly K-1. Therefore, it qualifies as an Excepted Trust.

1999 Income Received VII

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : B. P. Frelinghuysen Trust U/A
4/3/73 Banker's Trust Company, New York, NY
Trustee (discretionary income interest)*

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	1999 TRANSACTION
Knight Ridder, Inc.	E	DIV	
Merck & Co., Inc.	G	DIV	
Procter & Gamble Co.	I	DIV	S
Thomas & Betts Corp.	D	DIV	
USX - Marathon Group	C	DIV	
USX - U S Steel	C	DIV	
Banker's Trust Co. Tax Free Income Fund	F	DIV	
Banker's Trust Money Market Account	F	INT	P

* All Assets listed are held in trust, and all transactions are initiated by the Trustee. Neither Rodney, his spouse or any dependents is consulted nor gives advice regarding these investments. However, Rodney does receive quarterly statements regarding this trust.

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	1999 TRANSACTION
Warner Lambert Co.	E	DIV	
American International Group	D	DIV	P
Tyco International, Ltd.	D	DIV	P
Cisco Systems, Inc.	D	NONE	P
Intel Corp.	D	DIV	P
Sun Microsystems, Inc.	D	NONE	P
MCI Worldcom, Inc.	D	NONE	P
Lucent Technologies, Inc.	D	DIV	P
American Express Co.	D	DIV	P
1999 Income Received		VII	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : B. S. Procter Trust U/A
5/31/60 F/B/O Rodney P. Frelinghuysen
Peter Frelinghuysen & Rodney P. Frelinghuysen, Trustees

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	1999 TRANSACTION
Abbott Laboratories	F	DIV	
Allegran, Inc	A	DIV	S
Bristol Myers Squibb Co.	F	DIV	
Bestfoods, Inc.	E	DIV	
Nielsen Media Resh., Inc.	A	DIV	S
IMS Health, Inc.	D	DIV	
Dun & Bradstreet Corp.	C	DIV	
R.H. Donnelley Corp.	C	DIV	
Gannett Co., Inc.	E	DIV	
H. J. Heinz Company	D	DIV	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	1999 TRANSACTION
Pepsico, Inc.	F	DIV	
Procter & Gamble Co.	J	DIV	
Electronic Data System Corp.	D	DIV	
Harcourt Gen., Inc.	D	DIV	
Loews Corp.	E	DIV	
Motorola, Inc.	F	DIV	
CSX Corporation	D	DIV	
A T & T Corporation	D	DIV	
Lucent Technologies, Inc.	D	DIV	
SBC Communications	D	DIV	
Harcourt Gen., Inc. Ser A Conv.	D	DIV	
Puerto Rico New Pub. Hsg Authority Urban	A	INT	REDEEMED
New Jersey St. Trans. Tr Fd. Authority	C	INT	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	1999 TRANSACTION
North Brunswick Twp, N.J.	C	INT	
Money Market Fund	H	INT	REDEEMED
American Express Co.	E	DIV	
Morton Int'l, Inc.	A	DIV	E
Rohm & Haas Co. (Formerly Morton Int'l Inc.)	C	DIV	E
McGraw-Hill Cos., Inc.	E	DIV	
Sherwin Williams Co.	E	DIV	
Associates First Capital 'A"	D	DIV	
Neiman-Marcus Group CL 'B'	C	NONE	SPIN-OFF
1999 Income Received		IX	

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ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : V. T. Robinson Trust U/A dated 4/10/80, Fiduciary Trust Company, Boston, Ma. Trustee (spouse discretionary income interest)*

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	1999 TRANSACTION
U. S. Treasury Notes	F	INT	REDEEMED
U. S. Treasury Bonds	E	INT	
Passaic Cty NJ Ref - Gen Imp	D	INT	
New Jersey St. Trans. Tr. Fd Auth. Bond	E	INT	
Newark, NJ Sch. Qualified Bond	F	INT	
Port Auth. NY & NJ Cons.	E	INT	
Deptford Twp.NJ School District	F	INT	

* All Assets listed are held in trust, and all transactions are initiated by the Trustee

Rodney P. Frelinghuysen is neither consulted nor gives advise regarding these investments.

Spouse does receive quarterly statements regarding this trust.

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	1999 TRANSACTION
Home Depot, Inc.	G	DIV	S
Tricon Global Restaurants	D	DIV	
Bestfoods, Inc.	D	DIV	
Coca Cola Co.	F	DIV	
General Mills	E	DIV	
Pepsico, Inc.	F	DIV	
Phillip Morris Cos., Inc.	E	DIV	
Procter & Gamble Co.	D	DIV	
Sara Lee Corp.	A	DIV	S
Bristol Myers Squibb Co.	D	DIV	
Merck & Co., Inc.	F	DIV	
Pfizer, Inc.	G	DIV	S

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	1999 TRANSACTION
Schering Plough Corp.	E	DIV	
Aetna, Inc.	E	DIV	
HSB Group, Inc. (Formerly, Hartford Steam Boiler Insp. & Ins	D	DIV	
J.P. Morgan & Co.	F	DIV	
Electronic Data Systems Corp.	E	DIV	
Reuters Group PLC ADR	A	DIV	S
General Electric Co.	H	DIV	S
Emersen Electric Co.	E	DIV	
Parker - Hannifin Corp.	F	DIV	
Hewlett - Packard	G	DIV	
Intel Corp.	F	DIV	
International Business Machines	D	DIV	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	1999 TRANSACTION
Microsoft Corp.	H	NONE	S
Motorola, Inc.	F	DIV	
Atlantic Richfield	F	DIV	
Enron Corp.	E	DIV	
Exxon Mobil Corp (Formerly Exxon Corp.)	F	DIV	
Royal Dutch Petroleum Co.	E	DIV	
Union Pacific Corp.	D	DIV	
Union Pacific Resources Group	C	DIV	
Scudder Int'l Fund	G	DIV	P
Lucent Technologies	D	DIV	
Bank One Corp.	D	DIV	

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ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	1999 TRANSACTION
Federal Nat'l Mortgage Assn.	D	DIV	
Cisco Systems, Inc.	G	INT	
L. M. Ericsson Tel CL 'B'	F	DIV	
Scudder Tax Free Money Market	F	INT	P
Corn Products Intn'l	C	DIV	
Templeton Emerging Markets Fund	E	INT	P
Bergen Cty NJ Ref -Gen. Imp	E	INT	P
MCI Worldcom, Inc.	D	NONE	P
Time-Warner, Inc.	E	DIV	P
EMC Corp. (MA)	E	NONE	P
Nokia Corp. ADR	E	DIV	P
1999 Income Received		IX	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : H. S. Robinson Trust U/A dated 12/16/82, Fiduciary Trust Company, Boston, Ma. Trustee (spouse discretionary income beneficiary)*

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	1999 TRANSACTION
U. S. Treasury Notes (Various)	F	INT	REDEEMED
NJ Sports Expo Auth	A	INT	REDEEMED
NJ (Tax Exempt) Muni Bond	E	INT	
Bank One Corp.	E	DIV	
Coca Cola Co.	E	DIV	
General Mills	E	DIV	
Phillip Morris Cos., Inc.	E	DIV	

* All Assets listed are held in trust, and all transactions are initiated by the Trustee

Rodney P. Frelinghuysen is neither consulted nor gives advise regarding these investments.

Spouse does receive quarterly statements regarding this trust.

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	1999 TRANSACTION
Sara Lee Corp.	A	DIV	S
Abbott Labs	E	DIV	
Merck & Co., Inc.	F	DIV	
Johnson & Johnson	E	DIV	
Warner Lambert	F	DIV	
AT & T Corp.	E	DIV	
Lucent Technologies	E	DIV	
Bell South Corp.	F	DIV	
American Int'l Group	F	DIV	
J.P. Morgan & Co.	F	DIV	
Electronic Data Systems Corp.	F	DIV	
Reuters Group PLC ADR	A	DIV	S
Emerson Electric	E	DIV	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	1999 TRANSACTION
General Electric Co.	G	DIV	
Parker - Hannifin Corp.	F	DIV	
Hewlett - Packard	F	DIV	
Intel Corp.	F	DIV	
Microsoft Corp.	H	[redacted] NONE	
Motorola, Inc.	F	DIV	
Exxon Mobil Corp. (Formerly, Exxon Corp.)	F	DIV	
Royal Dutch Petroleum	F	DIV	
Federal Nat'l Mortgage Assn.	E	DIV	
Pfizer, Inc.	E	DIV	
First Data Corp.	D	DIV	
Montclair NJ Gen. Oblig.	D	INT	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	1999 TRANSACTION
Newark NJ Sch. Qualified Bond	D	INT	
Cisco Systems, Inc.	F	DIV	
L. M. Ericsson Tel. CL'B'	F	DIV	
Scudder Tax Free Money Market	E	INT	REDEEMED
Burlington Cty NJ OID	E	INT	P
NJ St. EDL FACS ATH REV Princeton Univ.	E	INT	P
MCI Worldcom, Inc.	D	NONE	P
Time-Warner, Inc.	D	DIV	P
EMC Corp. (MA)	E	NONE	P
Nokia Corp ADR	E	DIV	P
Templeton Emerging Mkts Fund	D	INT	P
1999 Income Received		VIII	

SCHEDULE IV — TRANSACTIONS

Name Rodney P. Frelinghuysen

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-99		X								
	See Continuation Sheets														
	Pages 27 thru 34														

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ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
Qtrly. Div. Re-Invest.	Pall Corporation	P	B
Qtrly. Div. Re-Invest.	Procter & Gamble	P	C
Qtrly. Div. Re-Invest.	International Business Machines	P	B
Qtrly. Div. Re-Invest.	Eli Lilly & Co.	P	C
Various	Federated U.S. Government	P	C
07/14/99	Lucent Technologies, Inc.	P	C
07/14/99	Merck & Co.	P	C
07/14/99	Thomas & Betts Corp.	S	C

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

Identity : B. P. Frelinghuysen Trust U/A
4/3/73 Banker's Trust Company, New York, NY
Trustee (discretionary income interest)*

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
Various	Banker's Trust Money Market Acct.	P	D
12/02/1999	Procter & Gamble co.	S	E
12/02/1999	American Express	P	C
12/02/1999	American International Group, Inc.	P	C
12/02/1999	Cisco Systems, Inc.	P	C
12/02/1999	Intel Corp.	P	C
12/02/1999	Lucent Technologies, Inc.	P	C
12/02/1999	MCI Worldcom, Inc.	P	C
12/02/1999	Sun Microsystems, Inc.	P	C
12/02/1999	Tyco International, Ltd.	P	C

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

Identity : B. S. Procter Trust U/A
5/31/60 F/B/O Rodney P. Frelinghuysen
Peter Frelinghuysen & Rodney P. Frelinghuysen, Trustees

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
06/01/99	Puerto Rico New Pub. Hsg. Auth.	REDEEMED	B
07/19/99	Morton Int'l, Inc.	E	C
07/19/99	Rohm & Haas Co.	E	C
07/26/99	Gartner Group CL 'B' Rec'd as spin-off from IMS Health, Inc. Cost basis of IMS reduced by value assigned to Gartner Group.	SPIN-OFF	B
09/14/99	Gartner Group ~~Inc.~~ CL 'B'	S	B
10/18/99	Allergan, Inc.	S	D

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ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
10/22/99	Neiman-Marcus Group CL 'B' Rec'd as spin-off from Harcourt General, Inc. Cost basis of Harcourt reduced by value assigned to Neiman-Marcus.	SPIN-OFF	Under $200
10/27/99	Nielsen Media Resh., Inc.	S	B
Various	Money Market Fund	REDEEMED	E

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

Identity : V. T. Robinson Trust U/A dated 4/10/80, Fiduciary Trust Company, Boston, Ma. Trustee (spouse discretionary income interest)

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
Various	Scudder Tax Free Money Market	P	D
07/16/99	General Electric Co.	S	C
07/16/99	Home Depot, Inc.	S	D
07/16/99	Microsoft Corp.	S	E
07/16/99	Pfizer, Inc.	S	D
07/16/99	Reuters Group PLC ADR	S	D
07/16/99	Sara Lee Corp.	S	C
07/16/99	Time Warner, Inc.	P	D
07/16/99	MCI Worldcom, Inc.	P	D
07/16/99	Templeton Emerging Markets Fund	P	C
07/16/99	EMC Corp. (MA)	P	D

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
07/16/99	Nokia Corp. ADR	P	C
07/23/99	Bergen Cty NJ Gen Imp OID	P	D
08/16/99	U.S. Treasury Notes	REDEEMED	C
09/30/99	U.S. Treasury Notes	REDEEMED	C
Various	Scudder Int'l Fund	P	C

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

Identity : H. S. Robinson Trust U/A dated 12/16/82, Fiduciary Trust Company, Boston, Ma. Trustee (Spouse discretionary income beneficiary)

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
01/04/99	NJ Sports Expo Auth.	REDEEMED	C
01/15/99	U.S. Treasury Notes	REDEEMED	C
07/16/99	Time Warner, Inc.	P	C
07/16/99	MCI Worldcom, Inc.	P	C
07/16/99	Templeton Emerging Mkts Fund	P	C
07/16/99	EMC Corp.	P	C
07/16/99	Nokia Corp. ADR	P	C
07/16/99	Microsoft Corp.	S	D
07/16/99	Reuters Group PLC ADR	S	D
07/16/99	Sara Lee Corp.	S	D
07/16/99	General Electric Co.	S	C

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
Various	Scudder Tax Free Money Market	REDEEMED	C
07/23/99	Burlington Cty NJ OID	P	D
08/10/99	NJ St. EDL FACS ATH Rev Princeton University	P	D
09/30/99	U.S. Treasury Notes	REDEEMED	C

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	N O NE						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

Note: The gift rule (House Rule 26, clause 5) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member, Advisory Board	El Primer, LTD, Morristown, NJ

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N O N E	

GPO: 2000 62-753 (mac)

Use additional sheets if more space is required.

RODNEY P. FRELINGHUYSEN
335 James Street
Morristown, New Jersey 07960

Identity : H. S. Robinson Trust U/A dated
12/16/82, Fiduciary Trust Company, Boston, Ma.
Trustee (Spouse discretionary income beneficiary)

On the 1998 year-end valuation, Reuters Group PLC ADR (Formerly Reuters Holdings PlC ADR), had an incorrect letter assigned to it. It should have been E not A.

LEGISLATIVE RESOURCE CENTER
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HOUSE OF REPRESENTATIVES

(14)
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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1999	Form A For use by Members, officers, and employees

Martin Frost
(Full Name)

2256 Rayburn House Office Building
(Mailing Address)

Washington DC 20515 — Daytime Telephone: 2-2-225-3605

Filer Status	[X] Member of the U.S. House of Representatives	State: TX District: 24	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	X	
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.**	X	
VIII. Did you hold any reportable positions on or before the date of filing in the current calender year? **If yes, complete and attach Schedule VIII.**	X	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?		X
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?		X

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

CERTIFICATION	SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
I CERTIFY that the statements I have made on this form, and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Marty Frost	5-11-00

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SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	US Army	spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1999	$ 500
	The Connell Company	Speech	Feb. 5, 1999	$2,000.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e. one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For retirement plans that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock SP 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Central & Southwest Stock	$15,001 - $50,000	Dividends	$2,501 - $5,000	
	Eli Lily Stock	$50,001 - $100,000	Dividends	$1,001 - $2,500	
	Exxon Stock	$100,001 - $250,000	Dividends	$2,501 - $5,000	
	EDS Stock	$1,001 - $15,000	Dividends	$1 - $200	
	Coca Cola Stock (IRA)	$15,001 - $50,000	Dividends	$1 - $200	
	Treasury CATS (IRA)	$15,001 - $50,000	Dividends	$1 - $200	

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SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Wright Patman Credit Union CD's	$15,001 - $50,000	Interest	$201 - $1,000	
	Municipal Investment Trust Fund	$1,001 - $15,000	Dividends	$1 - $200	
	McDonald's Stock	$1,001 - $15,000	Dividends	$1 - $200	
	Walmart Stock	$15,001 - $50,000	Dividends	$1 - $200	
	Investment Company of America (IRA)	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	PFCU Checking Account	$15,001 - $50,000	Interest	$1,001 - $2,500	
SP	PFCU - IRA Accounts (2)	$1,001 - $15,000	Interest	$1 - $200	
SP	Peoples Federal Savings & Loan Savings	$100,001 - $250,000	Interest	$5,001 - $15,000	
SP	AT&T Stock	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	Bell South Stock	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	Lucent Technology Stock	$15,001 - $50,000	Dividends	$1 - $200	
SP	Daimler - Chrysler Stock	$1,001 - $15,000	Dividends	$1 - $200	
SP	Carolina Power & Light Stock	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Fidelity Blue Chip Mutual Fund	$15,001 - $50,000	Dividends/Capital Gains	$1,001 - $2,500	
SP	Fidelity Contra Fund Mutual Fund (IRA)	$100,001 - $250,000	Dividends/Capital Gains	$5,001 - $15,000	
SP	Fidelity Emerging Market Mutual Fund	$1,001 - $15,000	Dividends/Capital Gains	$1 - $200	
SP	Openheimer Convertible Bond Fund	$1,001 - $15,000	Dividends/Capital Gains	$1,001 - $2,500	
SP	Sudder Global Mutual Fund	$1,001 - $15,000	Dividends/Capital Gains	$1,001 - $2,500	
SP	USAA Income Stock	$1,001 - $15,000	Dividends/Capital Gains	$201 - $1,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	U. S. Savings Bonds	$15,001 - $50,000	Interest	$1 - $200	
SP	First Financial Holding	$1,001 - $15,000	Interest	$201 - $1,000	
SP	Leesburg Virginia Utility Bond	$1,001 - $15,000	Dividends	$1 - $200	
SP	First Citizens Bank (IRA)	$1,001 - $15,000	Interest	$1 - $200	
SP	American Express IDS Growth Fund	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	
SP	Richmond VA Public Employment Bond	$1,001 - $15,000	Dividends	$1 - $200	
SP	First Penn Life Insurance	$15,001 - $50,000	None	None	
SP	Fidelity Investment Equity Income Fund	$50,001 - $100,000	Dividends/Capital Gains	$2,501 - $5,000	
SP	Franklin Utilities Fund	$1,001 - $15,000	Dividends/Capital Gains	$201 - $1,000	
SP	General Electric Stock	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	MFS Total Return Fund	$1,001 - $15,000	Dividends/Capital Gains	$1,001 - $2,500	
SP	Texaco Stock	$1,001 - $15,000	Dividends	$201 - $1,000	
DC	McDonalds Stock	$15,001 - $50,000	Dividends	$1 - $200	
DC	Coca Cola Stock	$1,001 - $15,000	Dividends	$1 - $200	
DC	Walmart Stock	$1,001 - $15,000	Dividends	$1 - $200	
DC	AT&T Stock	$1,001 - $15,000	Dividends	$1 - $200	
DC	Bristol Myers Squibb Stock	$1,001 - $15,000	Dividends	$201 - $1,000	
DC	American Online Stock	$1,001 - $15,000	None	None	
DC	Dell Computer Stock	$1,001 - $15,000	None	None	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

DC	Tandy Stock	$1,001 - $15,000	Dividends	$1 - $200	
DC	General Electric Stock	$1,001 - $15,000	Dividends	$1 - $200	
DC	Lucent Technologies	$1,001 - $15,000	Dividends	$1 - $200	
SP	3810 Vermont Court, Alexandria, VA 22304	$100,001 - $250,000	Rent	$15,001 - $50,000	
SP	1/2 interest in 70 acres of cleared/cut pines, Latta, South Carolina	$15,001 - $50,000	Rent	$1,001 - $2,500	
SP	1/2 interest in 100 acres of woodland, Latta, South Carolina	$15,001 - $50,000	None	None	
SP	AAFEs Federal Credit Union	$1 - $1,000	Interest	$201 - $1,000	
SP	Carolina Community Bank	$15,001 - $50,000	Interest	$201 - $1,000	
SP	Pentagon Federal Credit Union (PFCU) Checking Account	$1,001 - $15,000	None	None	
	General Electric Stock	$15,001 - $50,000	Dividends	$1 - $200	
	Intel Stock	$1,001 - $15,000	Dividends	$1 - $200	
	Lucent Technology Stock	$1,001 - $15,000	Dividends	$1 - $200	
	Sun Microsystems Stock	$15,001 - $50,000	None	None	
	Time Warner Stock	$1,001 - $15,000	Dividends	$1 - $200	
	Viacom Stock	$1,001 - $15,000	None	None	
	Cisco Stock	$1,001 - $15,000	None	None	
	Southwest Airlines	$1,001 - $15,000	Dividends	$1 - $200	
	Thrift Savings Plan	$50,001 - $100,000	Dividends	$1,001 - $2,500	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	MFS Emerging Growth Fund	$15,001 - $50,000	Capital Gains	$1 - $200	
SP	MFS Mass Investor Growth Stock Fund	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	
SP	Putnam Voyager II Class B	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	
SP	Putnam New Opportunity Fund Class B	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	
SP	Putnam Growth & Income Fund	$1,001 - $15,000	Dividends	$1 - $200	
SP	Putnam Small Cap Fund Class B	$1,001 - $15,000	Dividends	$1 - $200	
SP	Putnam Research Fund Class B	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
SP	Putnam Growth Opportunity Fund, Class B	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	
SP	Putnam Investor Fund Class B	$15,001 - $50,000	Capital Gains	$1 - $200	
SP	Sonoco Stock	$1,001 - $15,000	Dividends	$1 - $200	
SP	Smith Barney Balanced Fund Class B	$15,001 - $50,000	Capital Gains and Dividends	$1 - $200	
SP	Southwest Corp Stock	$1,001 - $15,000	Dividends	$201 - $1,000	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example:	Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
DC	America Online Stock	Purchase	12/1/99	$1,001 - $15,000
DC	Tandy Stock	Purchase	7/15/99	$1,001 - $15,000
DC	Southwest Airlines Stock	Purchase	5/3/99	$1,001 - $15,000
DC	Southwest Airlines Stock	Sold	12/1/99	$1,001 - $15,000
DC	Lucent Technology Stock	Purchase	3/9/99	$1,001 - $15,000
DC	Eli Lily Stock	Purchase	3/9/99	$1,001 - $15,000
DC	Eli Lily Stock	Sold	12/1/99	$1,001 - $15,000
DC	Dell Computer Stock	Purchase	3/9/99	$1,001 - $15,000
DC	Texaco Stock	Sold	7/15/99	$1,001 - $15,000
DC	Disney Stock	Sold	10/13/99	$1,001 - $15,000
DC	Coca Cola Stock	Sold	5/13/99	$1,001 - $15,000
DC	Austin TX Utility System Bond	Sold	3/9/99	$1,001 - $15,000
DC	MD St H/E/F/A Bond	Sold	3/9/99	$1,001 - $15,000
DC	CATS Bonds	Sold	3/9/99	$1,001 - $15,000
SP	Kemper Insured Corporate TR Server II	Sold	5/25/99	$1,001 - $15,000
SP	Putnam Growth Opportunities Mutual Fund	Purchase	5/25/99	$15,001 - $50,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
SP	Putnam Investors Mutual Fund Class B	Purchase	5/25/99	$15,001 - $50,000
SP	Putnam Voyager II Class B Mutual Fund	Purchase	5/25/99 & 12/30/99	$15,001 - $50,000
SP	Putnam Small Cap Value Mutual Fund Class B	Purchase	5/25/99 & 12/30/99	$1,001 - $15,000
SP	Putnam Growth & Income Mutual Fund	Purchase	5/25/99	$1,001 - $15,000
SP	Putnam Research Class B Mutual Fund	Purchase	5/25/99 & 12/30/99	$1,001 - $15,000
SP	MFS Investor Growth Stock Fund	Purchase	7/27/99 & 12/21/99	$15,001 - $50,000
SP	Ransom Unit Investment Trust	Sold	5/25/99	$1,001 - $15,000
	Cisco Stock	Purchase	8/11/99	$1,001 - $15,000
	Lucent Technology Stock	Purchase	8/11/99	$1,001 - $15,000
	Linens & Things Stock	Purchase	8/23/99	$1,001 - $15,000
	Linens & Things Stock	Sold	11/15/99	$1,001 - $15,000
	Time Warner Stock	Purchase	8/23/99	$1,001 - $15,000
	Bristol Myers Squibb Stock	Purchase	9/3/99	$1,001 - $15,000
	Bristol Myers Squibb Stock	Sold	12/21/99	$1,001 - $15,000
	Intel Stock	Purchase	9/16/99	$1,001 - $15,000
	Sun Micro System Stock	Purchase	11/15/99	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your epouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1999	$15,001 - $50,000
	Southwest Airlines Stock	Purchase	11/24/99	$1,001 - $15,000
	Viacom Stock	Purchase	12/21/99	$1,001 - $15,000
SP	MFS Emerging Growth Plan B Mutual Fund	Purchase	7/27/99 & 1221/99	$15,001 - $50,000
	GE Stock	Purchase	9/17/99 & 12/99	$1,001 - $15,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** only if the balance at the close of preceding calendar year exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
SP	Northwest Mortgage	Mortgage on Rental Property, VA	$100,001 - $250,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
American Israel Education Foundation	8/25/99 to 9/2/99	DCA/NY/Israel/NY/DCA	N	Y	Y	None
The Connell Company	2/5/99	DCA/Newark NJ/DCA	N	Y	N	None

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Advisory Board	Isaac Mayer Wise Academn
Board Member	National Jewish Democratic Committee
Board Member	World Craniofacial Foundation

RECEIVED
RESOURCE CENTER
00 JUN -9 PM 1:38

TO: The Honorable Jeff Trandahl
Clerk, US House of Representatives
H-154, The Capitol
Washington, DC 20515

FROM: Congressman Martin Frost MF
2256 Rayburn HOB
Washington, DC 20515

HAND DELIVERED

SUBJECT: 1999 Financial Disclosure

DATE: June 7, 2000

Please add the additional information to my 1999 Financial Disclosure. Thank you.

Mr Frost

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Martin Frost | Page ___ of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
DC	Texaco Stock	X															X								X							S
DC	Disney Stock	X															X								X							S
DC	Coca Cola			X													X							X								S

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SCHEDULE IV — TRANSACTIONS

Name Martin Frost

Page ___ of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Maga Corporation Common Stock	X			10–12–97		X								
	WMX Stock		X		2-21-99	X									

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
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U. HOUSE OF REPRESENTATIVES
MAY 05 2000
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(Office Use Only)

(6)

Elton Gallegly
(Full Name)

P. O. Box 940001
(Mailing Address)

Simi Valley, CA 93094-0001

Daytime Telephone: 805-522-4487

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 23	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [XX]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [XX]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [XX]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [XX]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [XX]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5-5-00

1836

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Dynamic Realty	Spouse salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Elton Gallegly

Page 3 of 6

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock					X								X										X								P
	Simon & Schuster		Indefinite																	Royalties									X			
	1st Bank of Paducah, KY accounts						X									X									X							
JT	1791 Erringer Road Simi Valley, CA							X							X											X						
JT	1353 Agnew Street Simi Valley, CA						X								X										X							
JT	1772 Sinaloa Road Simi Valley, CA					X									X										X							
SP	Dynamic Realty			X																	N/A											
JT	First Western Bank				X											X							X									
JT	Peoples Bank				X																			X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Elton Gallegly

Page 4 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	World Savings							X								X									X							
	Keough-Wells Fargo			X																	N/A											
	IRA-Resources Trust																															
	RTC Cash Account			X																	N/A											
	Ventura Pacific Cap.			X																	N/A											
	Rincon Pacific Mgmt.						X														N/A											
	Prologis Trust				X																N/A											
	(formerly Meridian)																															
	CocaCola			X																	N/A											
SP	IRA-Fortis Global Gwth				X																N/A											
SP	IRA-DLJSC - Amgen					X															N/A											
SP	IRA-DLJSC - CocaCola			X																	N/A											
JT	Midland Property Ltd.				X																											
	Ptr XXIII who owns affordable housing at Central Ave. & Ventura Ct., Center Colorado and who owns senior housing at 1615 "O" Street, Sacramento, CA 95814																															

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SCHEDULE IV — TRANSACTIONS

Name Elton Gallegly

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Exemple:* Mega Corporation Common Stock	X			10–12–98		X								
	IRA - CocaCola	X			4-23-99	X									

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Name Elton Gallegly

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Caruana Family Trust 10920 Melvin Ave., Northridge, CA	Mortgage 1791 Erringer Simi Valley, CA				X						
JT	GMAC Mortgage P. O. Box 780, Waterloo, IA 50704	Mortgage 1353 Agnew St. Simi Valley, CA				X						
JT	Liberty Lending Services, Inc. P. O. Box 5312, Cincinnati, OH 45201	Mortgage 1772 Sinaloa Rd Simi Valley, CA			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

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